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**The Formation of the Russian Medical Profession:
A Comparison of Power and Plagues in the Eighteenth and Nineteenth Centuries**

Samuel Otto Schuth

Raleigh, NC

B.A., University of North Carolina Wilmington, 2012

**A Thesis presented to the Graduate Faculty
of the College of William and Mary in Candidacy for the Degree of
Master of Arts**

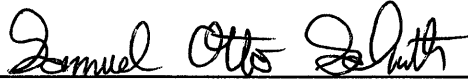
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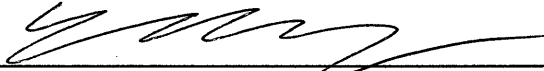
This Thesis is submitted in partial fulfillment of
the requirements for the degree of

Master of Arts



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Approved by the Committee, April, 2012



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ABSTRACT

This thesis examines the Russian medical apparatus as it developed under Catherine the Great (1729-[1762]-1796) in the eighteenth century, and in the period following the zemstvo reform of 1864 to the end of the century. I focus on the changing distributions of power between physicians and the Russian state. I use the incidences of epidemics to examine these foci: the plague epidemic of 1770-1772 (which actually lasted in parts of Russia until 1774, but the worst years were 1770-1772) and the cholera epidemic of 1892-1893 (which lasted until 1895, but the worst years were 1892-1893). In short, this thesis argues that two epidemics, rooted within their historical context, had widespread ramifications on the formation of the medical system in Russia. The first part of the thesis examines the foundation of the medical system in Russia by Peter the Great (1672-[1682]-1725), its evolution into Catherine's reign, and the testing of that system in the 1770-1772 plague epidemic. In response to the epidemic, commissions were formed, legislative medical decrees were formulated, and a unifying scientific discourse arose. The agents within this narrative were doctors, whose composition was largely European, governmental personnel appointed by Catherine, and Catherine herself. Ultimately, the Russian medical apparatus as it emerged under Catherine the Great, and in response to the plague epidemic of 1770-1772, became firmly established to the following trends: economic and numerical growth, Westernization, and the extension of the state into the civic sector. However, the medical system was still an "apparatus" within the Russian government, albeit an increasingly complicated structure.

The second portion of the thesis analyzes how the 1864 zemstvo reform and the 1892-1893 cholera epidemic empowered and institutionalized the fledgling medical system into a medical profession. Once again, medical committees, legal decrees, and a scientific discourse emerged in response to the epidemic. However, this time, these events took place within the context of the controversial legal debates over local power distribution emerging out of the zemstvo reform. Within this narrative, the agents were professional native Russian physicians in dialogue with bureaucratic governmental ministers. Although the autocratic system persisted in the late nineteenth century, the public medical apparatus founded by Catherine had undergone an auspicious shift of power distribution emerging out of the zemstvo reform (1864) and subsequent cholera epidemic (1892) that imparted autonomy to the medical establishments, which produced an identifiable medical profession with corporative agency.

Ultimately, comparing the medical institution across the eighteenth and nineteenth centuries reveals a unique narrative: the emergence of the Russian medical system out of near non-existence under Catherine the Great's guidance and, a century later, that system's transformation out of a heavily centralized autocratic system and into a coherent profession via an admixture of governmental and medical initiatives.

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“Famine, pestilence, leprosy, and smallpox have formerly depopulated whole provinces; but corn-magazines, lazarets, and inoculation-houses have gradually set bounds to their devastations; and, if these horrible calamities still at times rage in other quarters of the world, yet the citizen of Europe is secured from their farther dissemination.” William Tooke, 1799.¹

Introduction

On October 12, 1768, the English physician Thomas Dimsdale (1712-1800) inoculated Catherine II with the smallpox virus.² Although modern vaccinations of political figures do not warrant headlines, the smallpox inoculation technique during Catherine’s reign was still novel, religiously contentious, and dangerous—a 1% to 2% mortality rate.³ Following her inoculation, Catherine introduced smallpox inoculation clinics and facilities throughout Russia, and “command[ed]” Dimsdale to publish several tracts on smallpox inoculation to be translated into Russian for other medical personnel.⁴⁵ Catherine’s smallpox fight thus exemplifies how Catherine molded the Russian medical system into a publicly available, Western-oriented governmental apparatus. In contrast, in 1894, local Russian medical personnel and city government officials successfully petitioned against I.N. Durnovo’s Hospital Statute, which aimed to place all hospital management firmly in control of the Ministry of Internal Affairs led, unsurprisingly, by

¹ William Tooke, *View of the Russian Empire During the Reign of Catharine the Second, And to the Close of the Present Century*, Vol. 2 (London: T.N. Longman and O. Rees, Pater-Noster-Row, and J. Debrett, Piccadilly, 1799), p. 167.

² P.H. Clendenning, "Dr. Thomas Dimsdale and Smallpox Inoculation in Russia," *Journal of the History of Medicine and Allied Sciences* 28, no. 2 (Apr, 1973), pp. 119-121.

³ Clendenning, "Dr. Thomas Dimsdale and Smallpox Inoculation in Russia," p. 110.

⁴ John T. Alexander, *Bubonic Plague in Early Modern Russia: Public Health & Urban Disaster* (Baltimore: Johns Hopkins University Press, 1980), p. 56; Tooke, *View of the Russian Empire*, p. 207.

⁵ Thomas Dimsdale, *Tracts, On Inoculation, Written and Published At St. Petersburg in the Year 1768, By Command of Her Imperial Majesty, the Empress of All the Russias: With Additional Observations On Epidemic Small-pox, On the Nature of That Disease, and On the Different Success of the Various Modes of Inoculation* (London: Printed by James Phillips, George-Yard, Lombard-street, 1781), p. vii.

Durnovo.⁶ In essence, the Statute was a reactive policy of the central government in response to the increasingly self-sufficient, vocal, and autonomous medical personnel in the late nineteenth century.⁷ In juxtaposition with Catherine's reign, the Statute's defeat by petitioning medical professionals and city officials is emblematic of a gradual shift in power within the medical system in between the eighteenth and nineteenth centuries as an autonomous Russian medical profession was born.

Russia's medical profession as it emerged in the eighteenth and nineteenth centuries has received attention from various scholars. However, these academic pursuits have focused largely on the late nineteenth century zemstvo reform process inaugurated by the 1864 Zemstvo Statute and Temporary Regulations which provided greater autonomy to local authorities, including physicians. The formation of the Russian medical system in the eighteenth century, though, has received little historical attention beyond the work of one social historian, John T. Alexander. There has been no recent attempt to connect any of the parallels and trends of the Russian medical system as it emerged in these two centuries.⁸ Indeed, within the historiography, the Russian medical profession is demarcated into two distinct institutions, one belonging to the eighteenth

⁶ Adele Lindenmeyr, *Poverty Is Not a Vice: Charity, Society, and the State in Imperial Russia* (Princeton, NJ: Princeton University Press, 1996), p. 86; Nancy Mandelker Frieden, *Russian Physicians in an Era of Reform and Revolution, 1856-1905* (Princeton: Princeton University Press, 1981), pp. 166-168, 173.

⁷ Lindenmeyr, *Poverty Is Not a Vice*, p. 86.

⁸ There has been one well researched article, Colonel F. H. Garrison's "Russian Medicine Under the Old Regime" in the *Bulletin of the New York Academy of Medicine*, 1931, published on the history of Russian medicine across all of Russian history (from the ninth century to the twentieth). The article includes major events and people in the development of Russian medical history (F.H. Garrison, "Russian Medicine Under the Old Regime," *Bulletin of the New York Academy of Medicine* 7, no. 9 (September, 1931): 693-734). Moreover, there has been a Russian book on the development of the medical system across the centuries by Dr. Mark Borisovich Mirskii, who was the Head of the Department of the History of Medicine and Health Care of the Semashko Institute of the Russian Academy of Medical Sciences. However, the book, entitled *Meditsina Rossii XVI-XIX vekov*, received a scathing review by John T. Alexander (John T. Alexander, "Meditsina Rossii XVI-XIX vekov (review)" *Bulletin of the History of Medicine* 71, no. 4 (Winter, 1997): 713-715).

century and one to the nineteenth. Thus, this paper presents a comparative analysis that illustrates the similarities and differences in the Russian medical system as it developed during these two centuries. In other words, this paper offers a unique narrative that charts the motives and opportunities behind the creation of, and changes within, new institutions of power across the eighteenth and nineteenth centuries. Specifically, this thesis examines the Russian medical apparatus as it developed under Catherine the Great (1729-[1762]-1796) in the eighteenth century, and in the period following the zemstvo reform of 1864 to the end of the century.⁹ I focus on the changing distributions of power between physicians and the Russian state. I use the incidences of epidemics to examine these foci: the plague epidemic of 1770-1772 (which actually lasted in parts of Russia until 1774, but the worst years were 1770-1772) and the cholera epidemic of 1892-1893 (which lasted until 1895, but the worst years were 1892-1893). In short, this thesis argues that two epidemics, rooted within their historical context, had widespread ramifications on the formation of the medical system in Russia.

The first part of the thesis examines the foundation of the medical system in Russia by Peter the Great (1672-[1682]-1725), its evolution into Catherine's reign, and the testing of that system in the 1770-1772 plague epidemic. In response to the epidemic, commissions were formed, legislative medical decrees were formulated, and a unifying scientific discourse arose. The agents within this narrative were doctors, whose composition was largely European, governmental personnel appointed by Catherine, and Catherine herself. Ultimately, the Russian medical apparatus as it emerged under Catherine the Great, and in response to the plague epidemic of 1770-1772, became firmly

⁹ However, even though this paper compares two demarcated eras in Russian history, the goal is not to further an argument that each medical system should be seen as distinct, but is, instead, to illustrate the similarities and differences as they occur in a continuous institution over time.

established to the following trends: economic and numerical growth, Westernization, and the extension of the state into the civic sector. However, the medical system was still an “apparatus” within the Russian government, albeit an increasingly complicated structure.

The second portion of the thesis analyzes how the 1864 zemstvo reform and the 1892-1893 cholera epidemic empowered and institutionalized the fledgling medical system into a medical profession. Once again, medical committees, legal decrees, and a scientific discourse emerged in response to the epidemic. However, this time, these events took place within the context of the controversial legal debates over local power distribution emerging out of the zemstvo reform. Within this narrative, the agents were professional native Russian physicians in dialogue with bureaucratic governmental ministers. Although the autocratic system persisted in the late nineteenth century, the public medical apparatus founded by Catherine had undergone an auspicious shift of power distribution emerging out of the zemstvo reform (1864) and subsequent cholera epidemic (1892) that imparted autonomy to the medical establishments, which produced an identifiable medical profession with corporative agency.

Within this narrative, I view autonomy as three concomitant processes: legal transformation, empowerment, and institutionalization. Legal transformation refers to the decreed vertical structural changes within the medical apparatus, but also implies quantitative elements as well. Importantly, the emphasis here is on a gradual, transformative, remodeling process of the medical system over time (i.e., reform, not legislation). Empowerment refers to instances where medical organizations and personnel gained agency and autonomy in discussing, deciding, and implementing health policies. Lastly, institutionalization refers to internal organization, cohesion, and self-sufficiency

as a corporative body. These last two components of autonomy are broader definitions, including both horizontal and vertical power distributions. All three of these elements were in favor of the medical system following the 1892-1893 cholera epidemic, along with a fourth element existing outside of autonomy, yet capable of undermining it: a degree of expertise and trust among the population.

In general, the study of eighteenth century Russian medicine centers on the state's perspective of the medical system, and on questions of how and why the medical system emerged. Chief among these historians is Alexander.¹⁰ His monograph and numerous articles serve as cornerstones in eighteenth century Russian medical history, and illustrate his dominance of this poorly populated historical field. His research covers Peter I's medical accomplishments, the medical apparatus in the era between Peter the Great and Catherine the Great, and Catherine the Great's transformations and contributions to the Russian medical system.¹¹ Alexander's primary focus, though, is on Catherine the Great and her public health reforms. Moreover, to illustrate the inner workings of the medical apparatus, Alexander provides in-depth analyses of the bubonic plague epidemic of 1770-

¹⁰ However, other scholars have also studied the eighteenth century medical apparatus. For instance, N.K. Borodii has researched several prominent physicians and the medical apparatus in Ukraine. P.H. Clendenning has published an interesting article on Thomas Dimsdale and the smallpox inoculations in Russia. Lastly, Alexander M. Martin and Gilbert Rozman have researched sanitary and urbanization issues in eighteenth century Russia.

¹¹ See the Following by Alexander: "Medical Development in Petrine Russia," (1974); "Catherine II, Bubonic Plague, and the Problem of Industry in Moscow," (1974); "Plague in Russia and Danilo Samoilovich: An Historiographical Comment and Research Note," (1974); "Introduction," in Charles de Mertens' *An Account of the Plague which Raged at Moscow, 1771* (1977); "Communicable Disease, Anti-epidemic Policies, and the Role of Medical Professionals in Russia, 1725-62," (1978); "Medical Professionals and Public Health in 'Doldrums' Russia (1725-1762)," (1978); *Bubonic Plague in Early Modern Russia: Public Health & Urban Disaster* (1980); "Ivan Vien and the First Comprehensive Plague Tractate in Russian," (1980); "Catherine the Great and Public Health" (1981); "Reconsiderations on Plague in Early Modern Russia, 1500-1800," (1986); "Medicine at the Court of Catherine the Great of Russia," (1990).

1772 during Catherine's reign.¹² In general, though, Alexander's focus is primarily on the growth of the professional, governmental, and increasingly Western-influenced medical system in Russia in the eighteenth century.

Following the zemstvo reform in 1864, more complex questions emerged as power boundaries between the state and the medical system became vague, and, for the first time, scholars began to examine power relationships. Thus, the historiography focuses largely on the growing, yet never clearly defined, autonomy and professionalization within the medical apparatus in the late nineteenth and early twentieth centuries. The three most prominent scholars are Nancy M. Frieden, John F. Hutchinson, and Charlotte E. Henze.¹³ However, a plethora of dissertations and articles have also been produced on the zemstvo reform and its impact on the practice of medicine.¹⁴ Russian sanitary legislation has also garnered some attention.¹⁵

However, it is important to note that the cholera epidemics during the nineteenth century forced the questions concerning power distribution that emerged from the

¹² See Alexander's *Bubonic Plague* and Basil Haigh's book review in *Medical History* 25 no. 2 (April, 1981): pp. 212 – 214. However, other scholars have also worked on the 1770-1172 plague epidemic, including: N.K. Borodii on the epidemic in Ukraine; T.S. Sorokina, Arcadius Kahan, and A. Renner on the plague in Moscow; and a plethora of Soviet historians—P.K. Alefirenko, V.V. Leonidov, E. Zviagintsev, S.M. Grombakh, and M.F. Prokhorov—on the Moscow plague riot.

¹³ See Nancy Mandelker Frieden, "Physicians in Pre-Revolutionary Russia: Professionals or Servants of the State?" (1975); Nancy Mandelker Frieden, *Russian Physicians in an Era of Reform and Revolution, 1856-1905*, (1981); John F. Hutchinson, "Society, Corporation or Union? Russian Physicians and the Struggle for Professional Unity, 1890-1913," (1982); Charlotte E. Henze, *Disease, Health Care and Government in Late Imperial Russia: Life and Death on the Volga, 1823-1914* (2011).

¹⁴ See James Andrew Malloy, "The Zemstvo Reform of 1864: Its Historical Background and Significance in Tsarist Russia," (1965, dissertation); Samuel Earl Allen, Jr., "The Zemstvo as a Social and Civic Regeneration in Russia: A Study of Selected Aspects, 1864-1905," (1969, dissertation); Thomas Stuart Fallows, "Forging the Zemstvo Movement: Liberalism and Radicalism on the Volga, 1890-1905," (1981, dissertation); Elisa Marielle Becker, "Medicine, Law, and the State: The Emergence of Forensic Psychiatry in Imperial Russia," (2003, dissertation).

¹⁵ See Frederick W. Skinner, "Odessa and the Problem of Urban Modernization," (1986); Ronald Grigor Suny, "Tiflis: Crucible of Ethnic Politics, 1860-1905," (1986); and William Gleason, "Public Health, Politics, and Cities in Late Imperial Russia," (1990); and Lisa Kay Walker, "Public Health, Hygiene and the Rise of Preventive Medicine in Late Imperial Russia, 1874-1912," (2003, dissertation).

zemstvo reform to the forefront of the debates, as these tragedies required public health policies, both for the present epidemic and for the prevention of future outbreaks.¹⁶

Indeed, several historians have examined the 1892-1893 cholera epidemic in terms of medical professionalization. Although Frieden was the first to do so, the most recent and extensive work in this area is Henze's *Health Care and Government in Late Imperial Russia: Life and Death on the Volga, 1823-1914* (2011).¹⁷ Indeed, in broad terms, this study re-emphasizes Charlotte Henze's underlying argument "that the [1892] epidemic played a crucial role in the coming of age of Russia's medical profession."¹⁸ However, my methodology differs markedly from Henze's. Instead of showing how the 1892 epidemic drastically affected one city (namely, the city of Saratov), I make connections between the changes taking place during the 1892-1893 cholera epidemic with the changes that took place under Catherine the Great's reign and in response to the 1770-

¹⁶ In other words, I am arguing that the cholera epidemics of the nineteenth century are important for historical enquiry as they reveal the inner tensions between the governments of Europe and their respective medical professionals over the processes of medical institutionalization and empowerment. Notably, this argument bears importance in the historiographical debates over the nineteenth century cholera epidemics and the extent to which they impacted society. Indeed, Asa Briggs' 1961 article entitled "Cholera and Society in the Nineteenth Century" instigated the ensuing debate, arguing that cholera "tested the efficiency and resilience of *local* administrative structures" and "exposed relentlessly *political*, social and moral shortcomings" of the countries it visited (emphasis added) (Asa Briggs, "Cholera and Society in the Nineteenth Century," *Past and Present* 19 (August 1961), pp. 76-77). However, Briggs' assertion that the cholera epidemics offered valuable insights into the inner tensions that construct society engendered followers and refuters. The refuters argue that the cholera epidemics had limited or no social impact on society (including lasting sanitary reforms), which contradicts my own thesis (These include: Charles E. Rosenberg, *Cholera Years: The United States in 1832, 1849 and 1866* (1962); R.J. Morris, *Cholera, 1832: The Social Response to an Epidemic* (1976); and Margaret Pelling, *Cholera, Fever and English Medicine*, (1978).

¹⁷ See Nancy Mandelker Frieden, "The Russian Cholera Epidemic, 1892-93, and Medical Professionalization," (1977). One of the few other works published on the 1892-1893 cholera epidemic and medical professionalization is John P. Davis' "The Struggle with Cholera in Tsarist Russia and the Soviet Union, 1882-1927," (2012, dissertation). Other works on the 1892 epidemic focus more on the social aspects: for instance, see Theodore H. Friedgut, "Labor Violence and Regime Brutality in Tsarist Russia: The Luzovka Cholera Riots of 1892," (1987); and Jeff Sahadeo, "Epidemic and Empire: Ethnicity, Class, and 'Civilization' in the 1892 Tashkent Cholera Riot," (2005).

¹⁸ Charlotte E. Henze, *Disease, Health Care and Government in Late Imperial Russia: Life and Death on the Volga, 1823-1914* (New York: Routledge, 2011), p. 3.

1772 plague epidemic in order to illustrate how the Russian medical profession formed over time.

Importantly, though, these secondary source analyses merely fill in the gaps that the primary sources do not answer. Indeed, the fact that my study spans two centuries necessitates a varied primary source bastion. Undeniably, there are many more primary sources to draw on in the late nineteenth century than there are for the late eighteenth century. However, this fact also indicates a profession becoming unified by increasing medical and scientific discussion going into the late nineteenth century. For the eighteenth century, these primary source accounts include letters, Catherine's writings, contemporary works on Catherine's life, doctors' accounts and treatises (especially West European physicians' accounts), foreign travelers' writings, and foreign newspaper articles (especially the *London Gazette*). For the nineteenth century, the primary source material includes articles in *The Physician (Vrach, 1880-1901)*, a contemporary Russian medical journal, accounts of the St. Petersburg medical conference in December 1892, reports of local sanitary commissions, contemporary Russian doctors' treatises on the epidemic, and articles within various foreign newspapers and journals (including *The New York Times*, *The Times*, and *The British Medical Journal*). This paper also includes contemporary epidemiological maps and statistical charts to illustrate the emergence of a unifying, Western-influenced, scientific discourse.

Part One: The Eighteenth Century Medical System
Chapter 1. The Public Medical System under Catherine the Great, 1762-1770

Under the direction of charismatic leadership, the Russian medical system became a recognizable and distinct apparatus by the end of the eighteenth century. Although the emergent Russian medical system at the end of the eighteenth century lagged behind those in Western Europe, in terms of both personnel to population ratios and educational opportunities, the system had nonetheless grown significantly in comparison to what it had been a century earlier. For example, in 1700, there were less than 200 medical professionals, not including apothecaries, midwives, and paramedics.¹⁹ However, by 1803, this number had increased to 2,053.²⁰ Importantly, throughout the century, many of these doctors were brought from Western Europe as a type of borrowing initiated by Peter I (1672-[1682]-1725). Later in the century, under Catherine II's (1729-[1762]-1796) guidance, the medical system underwent drastic growth, which included increasing numbers of Ukrainian and Russian physicians, civilian and military hospitals, medical educational opportunities, regional outreach, and state administrative institutions devoted to medicine.²¹ In the process, Catherine initiated an exponential expansion of the state's authority into public health issues, forced changes to occur within the structural conceptions of medical distribution in the Russian Empire, promoted connections to the contemporary scientific discourse in Western Europe, and created a nuanced web of complex relationships between the state medical apparatus and local perceptions. Thus, by the end of the eighteenth century, Russia had a *state organized public* medical system.

¹⁹ Alexander, *Bubonic Plague*, p. 37.

²⁰ Alexander, *Bubonic Plague*, p. 37.

²¹ Alexander, *Bubonic Plague*, p. 39.

The medical system inherited by Catherine, though, was founded by “the Father of Russian medicine,” Tsar Peter the Great.²² As persuasively noted by Marc Raeff, Peter the Great was guided by the political practices embodied in the theory of the “well ordered *Polizeistaat*” (the well-ordered police state), which “aimed at maximizing the polity’s creative and productive potential by purposefully using the knowledge of the laws of nature as obtained through man’s reason.”²³ Moreover, since the goal was to attain “maximized productivity, legislation had to be initiated and implemented by the central political authority,” which, in turn, “led to the tentacular spread of the sovereign’s power and competence to all areas of public life,” where “officials became increasingly mere executors of the instructions and orders emanating from the center, which provided *rational and comprehensive direction*” (emphasis added).²⁴ In other words, under Peter’s guidance, the Tsarist government in Russia began a radical transformation into a rational service state in order to enhance the productive and military forces of the Russian Empire. Importantly, under the influence of this theory, Peter I turned his attention to the organization of medicine in Russia.

Indeed, during Peter’s reign, the medical system underwent explosive growth. For instance, with Peter’s guidance, the number of doctors of medicine nearly doubled in Russia: from 28 in 1690 to 46 by 1730.²⁵ Moreover, these doctors were staying for longer

²² J.T. Alexander, “Medical Development in Petrine Russia,” *Canadian-American Slavic Studies* 8, no. 2 (Summer 1974), p. 199.

²³ Marc Raeff, “Seventeenth-Century Europe in Eighteenth-Century Russia? (Pour prendre congé du dix-huitième siècle russe),” *Slavic Review* 41, no. 4 (Winter, 1982): p. 613.

²⁴ Raeff, “Seventeenth-Century Europe in Eighteenth-Century Russia?,” p. 613; Marc Raeff, “The Well Ordered Police State and the Development of Modernity of Seventeenth—and Eighteenth—Century Europe: An Attempt at a Comparative Approach,” *The American Historical Review* 80, no. 5 (Dec., 1975): p. 1227.

²⁵ Alexander, “Medical Development in Petrine Russia,” p. 203; and Alexander, *Bubonic Plague*, p. 39. These figures come from A. Bruckner’s 1887 index of people with an M.D., and were self-recognized as being incomplete. However, they do show an upward trend, even if not exact.

in Russia, close to three decades on average. Additionally, the numbers of lesser medical personnel, like surgeons, surgeon's aides, apprentices, and apothecaries, were also increasing.²⁶ For instance, by 1725, there were approximately 400 surgeons and apothecaries.²⁷ These medical personnel were primarily hired from Western Europe, with an emphasis on Dutch medical training and practices.²⁸

However, hiring medical personnel with foreign educations proved to be expensive, and in combination with Peter's wars, the supply of doctors was not enough for the military need.²⁹ Thus, under the direction of the Dutch physician Dr. Nicolas Bidloo, Peter built a new surgical school and hospital in Moscow, which opened in 1707.³⁰ Hospitals existed before 1707 in Russia, but were more like "almshouses" and usually associated with monasteries.³¹ In addition, when plague hit southern Russia in 1709-1712, Peter actively utilized the growing state medical apparatus as he instigated cordons and quarantines, stopped merchant trade, and sent medical care to the military troops affected.³² Peter also created the central bureaucratic Medical Chancery in St. Petersburg, with the Scottish physician Robert Erskine as director.³³ Thus, Peter's medical initiatives set in motion the growth of the medical apparatus in Russia. Although strictly military in nature, Peter more than doubled the numbers of doctors and medical

²⁶ Alexander, "Medical Development in Petrine Russia," pp. 203, 204, 205. On a side note, the surgeon (*lekar'*) who did the cutting was not considered an M.D. (*doktor*), and rarely did a surgeon travel abroad to obtain an M.D. during this time period.

²⁷ Alexander, *Bubonic Plague*, p. 39.

²⁸ Alexander, "Medical Development in Petrine Russia," pp. 200, 204.

²⁹ Alexander, "Medical Development in Petrine Russia," p. 207.

³⁰ James Cracraft, *The Revolution of Peter the Great* (Cambridge, Massachusetts: Harvard University Press, 2003), p. 108; Alexander, "Medical Development in Petrine Russia," pp. 207-208.

³¹ Alexander, "Medical Development in Petrine Russia," pp. 207, 208, 209.

³² Alexander, "Medical Development in Petrine Russia," pp. 214-217.

³³ J.T. Alexander, "Medical Professionals and Public Health in 'Doldrums' Russia (1725-1762)," *Canadian-American Slavic Studies* 12, no. 1 (Spring 1978), pp. 116-117; Cracraft, *The Revolution of Peter the Great*, p. 108.

personnel, established the first state institutional hospital and surgical school, more rigorously involved the state apparatus in fighting epidemics, and created a bureaucratic center for the emerging system.

Between the reigns of Peter I and Catherine II (1725-1762), many of the medical traditions initiated by Peter continued. Even with the “frequent changes in leadership” during this era, Peter’s “commitment to European standards of public health and professional medical care” were maintained and even expanded.³⁴ Numbers of doctors and lesser medical personnel continually grew from 1725 to 1762. For instance, the number of surgical schools increased, with two hospitals and adjoining surgical educational institutions opening in 1733 in St. Petersburg.³⁵ Thus, this time period saw an increasing number of “native medical professionals,” as compared with the medical apparatus under Peter the Great.³⁶ However, the working conditions for these non-M.D. surgeons were dreary: military work, low pay, little prestige, and terrible working conditions.³⁷

Interestingly, some expansion into the public sector in St. Petersburg and Moscow could be seen from 1725 to 1762. For example, formal positions for doctors were created to oversee these cities, and the Moscow hospital served civilians as well.³⁸ This is merely to note that the extensions of medical care into the public sector that occurred during Catherine’s reign were novel only in their breadth, not originality. Interestingly, another plague epidemic occurred in 1738-1739, which put the medical

³⁴ Alexander, “Medical Professionals,” p. 116.

³⁵ Alexander, “Medical Professionals,” p. 121. In terms of sheer numbers, by 1800, the earlier Moscow school had trained 800 surgical personnel and the two St. Petersburg schools had together produced another 800 (Alexander, *Bubonic Plague*, p. 47).

³⁶ Alexander, “Medical Professionals,” p. 121.

³⁷ Alexander, “Medical Professionals,” p. 127.

³⁸ Alexander, “Medical Professionals,” pp. 129-131; Alexander, *Bubonic Plague*, p. 51.

personnel to work installing quarantines and cordons.³⁹ In juxtaposition to these earlier epidemics, though, Catherine's public health initiatives of the 1760s would engender an unprecedented medical response to the 1770-1772 plague epidemic.

Indeed, throughout the 1760s, Catherine transformed the medical apparatus she inherited from Peter I into a Western influenced public healthcare system, which subsequently made the response and impact of the 1770-1772 plague epidemic unique in comparison with previous plague outbreaks. Indeed, Catherine's writings and public health decrees illustrate her adoption of the guiding principles of the "well-ordered *Polizeistaat*." For example, in her *Nakaz*, or *Instruction*, to a commission for the recodification of Russian laws written in 1764-1767, Catherine stated that "the Extent of the Dominion requires an absolute Power to be vested in that Person who rules over it," and that power should be geared towards "attain[ing] the *supreme Good*" for the "People."⁴⁰ Indeed, William Tooke (1744-1820), a Fellow of the Royal Society in Britain and a historian of Russia who had lived in St. Petersburg in the 1780s to 1792, wrote that in Catherine's Russia "the care for the preservation of all is a duty incumbent on the state."⁴¹ Interestingly, these notions reflect the fact that Catherine's conception of society, public, and people was taking a radical shift from previous Russian rulers, even from Peter the Great. Indeed, Catherine applied the idea of a "well ordered *Polizeistaat*," but in a way in which the "public" referred to all Russian people, not just the people who benefited the state (like the military and service officials). In other words, power within the medical apparatus still lay entirely under Catherine's control, however, this power

³⁹ Alexander, *Bubonic Plague*, pp. 31-34.

⁴⁰ Catherine II, *The Grand Instruction to the Commissioners Appointed to Frame a New Code of Laws for the Russian Empire, Composed by Her Majesty Catherine II* (London, 1768), in Lawrence Jay Oliva, *Catherine the Great* (Englewood Cliffs, N.J.: Prentice-Hall, 1971), p. 53-54.

⁴¹ Tooke, *View of the Russian Empire*, p. 167.

was to be guided to benefit a wider conceptualization of the Russian people. Indeed, according to Alexander, in Catherine's reign, "public health was understood to be an important component of modern society and of national prosperity, power, and progress."⁴² Ultimately, then, Catherine's *Instruction* elucidates both a motive and opportunity to introduce health care changes. The motive—to take care of the people of the Russian empire—could be realized through the power inherent in the autocrat.

Throughout her reign, Catherine issued decrees to reorganize the internal medical administration, which, in turn, restructured the distribution of medical establishments in Russia. In other words, as Catherine attempted to bring the state's presence into the civic public health sector (for 'the supreme good of the people'), she was, at the same time, re-defining old systems of power and creating new ones. To begin with, on November 12, 1763, a year after Catherine took power, she replaced the Medical Chancery with the Medical Collegium.⁴³ The Medical Collegium was different in several ways, but the primary motive behind this alteration was to provide a reinvigorated bureaucratic institution through which public health changes could be enacted. The new medical administration consisted of two departments, a business office and a Collegium of Physical and Surgical Art. Catherine's friend Baron Alexander Ivanovich Cherkasov (1730-1788), a native Russian who was educated abroad, became president of the Collegium.⁴⁴

The Collegium's goals, although broad, were three fold: "to preserve the people of the empire by the arts of medicine, to educate Russian doctors, surgeons, operators,

⁴² J.T. Alexander, "Catherine the Great and Public Health," *Journal of the History of Medicine and Allied Sciences* XXXVI, no. 2 (1981), p. 204.

⁴³ Alexander, *Bubonic Plague*, p. 43.

⁴⁴ Alexander, *Bubonic Plague*, p. 43.

and apothecaries,” and “to put apothekes and their oeconomy on a good footing.”⁴⁵ Specifically, the Collegium examined and conferred medical degrees (the first M.D. degree was awarded in 1765), oversaw the management of medical education and state run apothecaries, communicated with physicians across the empire, maintained an apothecary-garden, implemented epidemic policies, and collected and published (in Latin) cases recorded by physicians in Russia (as well as a *Pharmacopoea Rossica* in 1778, and regulations concerning medical fees in 1789).⁴⁶ However, due to lack of funding and internal administrative clashes over appointments and policies, the Medical Collegium proved to be ineffective.⁴⁷

With the new Medical Collegium in place, though, Catherine initiated a flurry of public health reforms in the mid-1760s in order to provide enhanced medical attention to the civilian sector of the population, both within the main cities of Moscow and St. Petersburg and out in the vast provinces of Russia. Firstly, Catherine established a new public hospital in 1763, named Paul’s Hospital (*Pavlovskaia Bol’nitsa*), which held 25 beds. In 1767, the hospital was relocated and enlarged.⁴⁸ William Coxe (1747-1848), an English traveler and writer who visited the prisons and hospitals in Russia, visited Paul’s hospital in 1778, which he described as a fine, salubrious institution.⁴⁹ Secondly, Catherine founded the Moscow Foundling Home (*Vospitatelnoi Dom*) and lying-in hospital (for the inpatient treatment of pregnant women) in 1763 in order to decrease the

⁴⁵ Tooke, *View of the Russian Empire*, p. 171.

⁴⁶ Tooke, *View of the Russian Empire*, pp. 173-177.

⁴⁷ According to Tooke, the funds for the Collegium came from the sales of medicines to the public, from the government (120,000 rubles annually from the Imperial treasury), and from the salaries of all civil and military officers (who were subsequently provided free medical care, but not their families) (Tooke, *View of the Russian Empire*, pp. 172-173); Alexander, *Bubonic Plague*, p. 45.

⁴⁸ Alexander, *Bubonic Plague*, p. 93.

⁴⁹ William Coxe, *Account of the Prisons and Hospitals in Russia, Sweden, and Denmark with Occasional Remarks on the Different Modes of Punishments in those Countries* (London: Printed for T. Cadell, 1781), pp. 20-21.

high infant mortality rates.⁵⁰ According to Coxe, Catherine encouraged people to donate to the Foundling Hospital by granting “to the donors certain privileges and rank in proportion to their contributions.”⁵¹ Indeed, Coxe, possibly exaggeratedly, recorded that one private merchant named Dimidoff, whose wealth sprang from family connections to the mines in Siberia, donated 700,000 rubles to the Hospital.⁵² Coxe and Tooke both described the Foundling Hospital as being a meticulously clean and sanitary institution.⁵³ In St. Petersburg, Heinrich Storch (1766-1835), a German Professor of Fine Arts who moved to St. Petersburg in 1789, noted a new medico-chirurgical school with a lying-in house attached for “practical improvement of young surgeons” which was free of charge.⁵⁴ Moreover, Storch also described a small pox hospital built in St. Petersburg in 1768, and a foundling hospital and lying-in house for pregnant women built in 1770, which was free and based on the 1763 Moscow establishment.⁵⁵

Moreover, in 1764, Catherine decreed the establishment of more military hospitals in the towns of the Russian countryside, which could treat civilians during times of peace. In addition, in 1768, Catherine directed the Medical Collegium to bring more apothecaries and pharmacies into the local provincial towns to better equip the surgeons working in these districts, and to bring at least one qualified doctor to every *guberniia*, or

⁵⁰ Tooke, *View of the Russian Empire*, pp. 194-197, 201-202. The title actually translates as “education-houses,” but they are categorized as a Foundling institution. Additionally, there was one doctor, three surgeons, an assistant surgeon, and an apothecary at the Foundling Home in Moscow (Tooke, *View of the Russian Empire*, p. 197). Once completed, the Foundling Hospital was to hold 8,000 foundlings. Moreover, the Foundlings were “taken in without any questions,” fed, housed, given healthcare, and even educated in various skills and languages (Coxe, *Account of the Prisons and Hospitals*, pp. 14-15).

⁵¹ Coxe, *Account of the Prisons and Hospitals*, p. 14.

⁵² Coxe, *Account of the Prisons and Hospitals*, p. 14.

⁵³ Tooke, *View of the Russian Empire*, pp. 196-199; Coxe, *Account of the Prisons and Hospitals*, p. 16.

⁵⁴ Heinrich Friedrich von Storch, *The Picture of Petersburg* (London: Printed for T.N. Longman & O. Rees, 1801), p. 204.

⁵⁵ Storch, *The Picture of Petersburg*, p. 205-208.

district (to be paid for, in part, by the local nobility).⁵⁶ Indeed, Dimsdale noted in 1768 that “it has been found convenient to permit the establishment of free laboratories, and apothecaries shops, at St. Petersburg, and Mosco; and they begin also to be established in other principle cities of the empire, where formerly only Imperial officinae were allowed.”⁵⁷ Dimsdale also noted that the “price of medicines in the imperial, as well as the free laboratories, as they are called, is fixed, so that no imposition or abatement can happen to occasion dispute.”⁵⁸ In other words, medicines were becoming more accessible in Russia in the 1760s as the number of medical outlets increased and economic pricing stabilized. In addition, Catherine also began initiatives against syphilis in the 1760s, which resulted in the creation of syphilitic hospitals (called syphilitic “homes” or “secret” hospitals) within Moscow and St. Petersburg, but little came out of this effort.⁵⁹ Importantly, underlying this flood of public health outreach in the 1760s was a large increase in medical personnel: doubling since the 1730s to 94 M.D.’s, 21 of which were Russian or Ukrainian, and approximately 800 surgical and apothecary practitioners.⁶⁰

Catherine’s focus on the civilian sector did not undermine the medical attention given to the military or to the courts. The vast majority of the newly trained and hired doctors in the state medical apparatus during Catherine’s reign first served in the military, and only secondarily in the civilian sector after retiring, which most did as soon as they could since the military conditions were dismal. Indeed, the initiation of war with the Ottoman Empire in 1768 directed the state medical apparatus towards providing medical

⁵⁶ Alexander, *Bubonic Plague*, pp. 51, 54.

⁵⁷ Dimsdale, *Tracts, On Inoculation*, pp. 96-97.

⁵⁸ Dimsdale, *Tracts, On Inoculation*, p. 97.

⁵⁹ Alexander, *Bubonic Plague*, p. 54; John T. Alexander, *Catherine the Great: Life and Legend* (New York: Oxford University Press, 1989), p. 148.

⁶⁰ Alexander, *Bubonic Plague*, pp. 39, 280.

personnel for the war effort, at least until the outbreak of plague in 1770.⁶¹ In addition, Catherine also increased the number of medical personnel within the costly “court medical establishment” throughout her reign.⁶²

It is also significant that the medical system during Catherine’s reign was still oriented to Western standards and practices. For example, Catherine stated in her *Nakaz* that “Russia is an European State,” which implied her acceptance of Peter I’s vision and orientation of Russia.⁶³ Indeed, Catherine aligned the Russian medical system along European standards. For instance, as noted by Dimsdale, “every physician or surgeon, whatever diploma, or other document, or recommendation he may produce, must undergo an examination very sufficiently strict, by the medical college, before he can have the liberty of practice in the empire.”⁶⁴ Not only was this medical system European in structure, but also served the practical purpose of “detect[ing] and exclude[ing] ignorant pretenders.”⁶⁵ In addition, Catherine brought European physicians to Russia, and promoted the adoption of Western medical treatments. For instance, John Rogerson (1741-1810) and Mathew Guthrie (1743-1805) were both Scottish doctors and brought to Russia by Catherine to serve as physicians. Rogerson arrived in 1766, and by 1776 he was a Court Physician with a salary of 4,000 rubles. Moreover, Rogerson was given an immense and wealthy estate in Minsk at Catherine’s deathbed. Guthrie arrived in 1769 as a surgeon, left again for his doctoral education, and returned in 1778 as a Physician to the

⁶¹ Alexander, *Bubonic Plague*, pp. 57, 58.

⁶² J.T. Alexander, “Medicine at the Court of Catherine the Great of Russia” in *Medicine at the Courts of Europe, 1500-1837*, edited by Vivian Nutton (New York: Routledge, 1990), pp. 190-191.

⁶³ Catherine II, *The Grand Instruction to the Commissioners*, in Oliva, *Catherine the Great*, p. 53.

⁶⁴ Dimsdale, *Tracts, On Inoculation*, p. 95.

⁶⁵ Dimsdale, *Tracts, On Inoculation*, p. 96.

Noble Cadet Corp. He later became a State Councilor in 1798.⁶⁶ Finally, Dr. Charles de Mertens (1737-1788), a native of Brussels, was a doctor who studied both in France and in Strasbourg, and was hired by Catherine in 1763 to work in her newly instituted Foundling Home in Moscow until he left Russia in 1772 following the plague epidemic.⁶⁷ The lives of these three doctors illustrate the effort and cost Catherine was willing to undergo to Europeanize the Russian medical system.

However, the best example of the Europeanization of the Russian medical system in the 1760s was Catherine's espousal of the still contentious inoculation technique against smallpox, which developed in intellectual European society in the late seventeenth and early eighteenth centuries.⁶⁸ Indeed, by the 1730s and 1740s, interest in smallpox inoculation began to decline due to fewer smallpox epidemics and mounting religious opposition, which argued that every disease was part of God's plan.⁶⁹ It is also important to stress that the technique was novel, dangerous, and very different than present day vaccinations. Although figures are incomplete, an estimated 1% to 2% of those inoculated in the eighteenth century died (as compared with 10-30% mortality rate for smallpox).⁷⁰ Moreover, Dimsdale's description of the inoculation process is revealing: "the point of a lancet slightly dipped in the recent variolous matter, which I prefer taking during the eruptive fever, is introduced obliquely...so as to make the smallest puncture possible, rarely producing a drop of blood. The finger is then gently pressed on the lancet

⁶⁶ Anthony Cross, "John Rogerson: Physician to Catherine the Great," *Canadian-American Slavic Studies* 4, no. 3 (Fall 1970), p. 595.

⁶⁷ J.T. Alexander, "Introduction," in Charles de Mertens, Richard Pearson, and John Alexander, *An Account of the Plague which Raged at Moscow, 1771* (Newtonville, Mass: Oriental Research Partners, 1977), p. 7.

⁶⁸ Dimsdale, *Tracts, On Inoculation*, pp. 109-110.

⁶⁹ Clendenning, "Dr. Thomas Dimsdale and Smallpox Inoculation in Russia," p. 110.

⁷⁰ Clendenning, "Dr. Thomas Dimsdale and Smallpox Inoculation in Russia," p. 110.

while introduced, which being turned, is withdrawn.”⁷¹ Following the inoculation, diet and medicines were restricted for five to six days.⁷² Within this context, Catherine’s decisions regarding smallpox gain an impressive degree of awareness and bravery.

In order to combat smallpox, Catherine and the Medical Collegium first brought Dimsdale to Russia in 1768, who subsequently inoculated Catherine with the smallpox virus on October 12, 1768.⁷³ Indeed, according to Dimsdale, Catherine sought “to invite a physician from England, where inoculation had been most practiced, and was generally allowed to have received some modern, and very considerable, improvements” because of both the “danger to which the Empress and the Grand Duke were exposed...as well as the Empress’s well known zeal for the welfare of all her subjects.”⁷⁴ Following Catherine’s inoculation in 1768, smallpox inoculation clinics and facilities arose in Moscow, St. Petersburg, provincial towns, and even Siberia: all of which produced 20,000 inoculated persons by the end of the century.⁷⁵ Smallpox inoculation continued on a large scale into the nineteenth century as well: for instance, 54, 673 peasants in Livland were inoculated in between 1805-1813.⁷⁶

Indeed, the smallpox inoculations gained widespread popularity. According to Tooke’s 1799 account, money was first offered to parents who brought their children to the smallpox hospitals, but became unnecessary as the treatment proved so popular and

⁷¹ Dimsdale, *Tracts, On Inoculation*, pp. 130-131.

⁷² Dimsdale, *Tracts, On Inoculation*, p. 127.

⁷³ Clendenning, "Dr. Thomas Dimsdale and Smallpox Inoculation in Russia," pp. 119-121.

⁷⁴ Dimsdale, *Tracts, On Inoculation*, pp. 3-4.

⁷⁵ Alexander, *Bubonic Plague*, p. 56; Tooke, *View of the Russian Empire*, p. 207. However, the historiography is still awaiting an in-depth study on the operation of the smallpox inoculation facilities in Russia.

⁷⁶ M. Seppel, "Landlords' Medical Care for their Serfs in the Baltic Provinces of the Russian Empire," *The Slavonic and East European Review* 89, no. 2 (2011), p. 221.

successful.⁷⁷ Interestingly, Tooke further described that by 1799, the “prejudices against inoculation are so totally vanished, and the conviction of its utility become so general” that peasants were even being taught to inoculate themselves without the aid of a physician.⁷⁸ The inoculation technique for smallpox proved so popular in Russia, that when bubonic plague crossed the border in 1770, some members of the medical community believed plague inoculations would provide the panacea.⁷⁹ Thus, Catherine’s fight against smallpox excellently illustrates all of the public health policy trends during her reign as she brought Western physicians and medical inoculation treatments to Russia, made them available to the civilian portions of the population, and, in doing so, extended the state’s reach into the public sector. All of this, in the process, re-shaped the structure of the Russian medical system into a civic institution that incorporated Western medical personnel, treatments, education, and structure.

At the same time, though, an increasing Russian presence can also be noted within the medical apparatus during Catherine’s reign. For instance, whereas five medical titles appeared in Russian in between 1700 to 1760, 203 medical titles appeared in between 1761 to 1800.⁸⁰ These medical tractates included works that were written by foreigners, as well as pieces that were written originally by Russians. Indeed, throughout the 1760s, medical personnel were urged to explore and write about medical topics.⁸¹ In 1764, for instance, the Medical Collegium ordered that all “doctors and surgeons” should

⁷⁷ Tooke, *View of the Russian Empire*, pp. 206-207.

⁷⁸ Tooke, *View of the Russian Empire*, p. 208.

⁷⁹ Mathew Guthrie, “Observations on the Plague, Quarantines, & c. in a Letter from Dr. Mathew Guthrie, Physician at St. Petersburg, to Dr. Duncan,” in *Medical Commentaries*, vol. 8 (Edinburgh: 1783), p. 348-349. Dr. Guthrie, who was working in the Russian army at the time of the plague epidemic described a Mathias Degio, a surgeon in one of the temporary army plague hospitals set up in Bucharest, who was so convinced that inoculation was the cure for plague, he even inoculated himself with the disease.

⁸⁰ Alexander, *Bubonic Plague*, p. 282.

⁸¹ Alexander, *Bubonic Plague*, p. 282.

submit their “medical case-studies, namely descriptions of any new, rarely occurring, different or any other features of noteworthy diseases, indicating how he [the physician or surgeon] treated them.”⁸² Foreign medical personnel in Russia were not exempt from this demand for publications. For example, while in St. Petersburg, Dimsdale wrote “five small tracts...by the command of the Empress” on how to perform smallpox inoculations, which were subsequently published in the Russian language.⁸³ According to Alexander, by the 1770s, “preconditions had matured for the rapid emergence of medical theorizing and publication in Russia.”⁸⁴ Thus, by the end of the 1760s, a distinct, self-sufficient, European-influenced medical system had developed in Russia: one with both military and civic obligations, with the capacity to produce a stable number of its own native medical personnel, and with the conditions of a stimulating scientific and intellectual environment. Importantly, this governmentally guided medical establishment was “more willing than ever to respond vigorously to the threat of plague.”⁸⁵

Chapter 2. The 1770-1772 Plague Epidemic’s Impact on Russian Medicine

The opening of hostilities between Russia and the Ottoman Turks in 1768, and the subsequent Russian advance into Moldavia (and its capital, Jassy) and Wallachia (and its capital, Bucharest) in 1769, created optimal conditions for the spread of disease, which took the form a bubonic plague epidemic in 1770. Specifically, the plague lasted until 1772, and claimed over 100,000 lives.⁸⁶ Importantly, this decisive tragedy produced

⁸² V.N. Palkin, *Russkie Gospital’nye Shkoly XVIII Veka i ikh Vospitanniki* (Moska: Gosudarstvennoe Izdatel’stvo Meditsinksoi Literatury, 1959), p. 119.

⁸³ Dimsdale, *Tracts, On Inoculation*, p. vii.

⁸⁴ Alexander, *Bubonic Plague*, p. 282.

⁸⁵ Alexander, *Bubonic Plague*, pp. 33-35.

⁸⁶ Alexander, *Bubonic Plague*, pp. 36-37, 297.

pronounced changes to the emerging medical system as it reinforced and expanded the state's authority in public health issues, forced changes to occur within the structural conceptions of medical distribution already taking place, and created a unifying and professional medical discourse.

Plague first hit Russian soldiers in Jassy, Moldavia in March 1770.⁸⁷ As noted in Jean-Henri Castéra's (1749-1838) *The Life of Catharine II. Empress of Russia* in 1798, when this epidemic first arose in 1770, the Lieutenant General at Jassy "obliged the physicians and the surgeons to draw up a declaration in writing, that it was only spotted fever."⁸⁸ According to Castéra, the free trade at the markets and movement of soldiers, as well as the robbing of plague victims, spread the "miasma."⁸⁹ The Medical Collegium sent more doctors and surgeon's assistants south, but the plague reached Kiev in August 1770.⁹⁰ According to Mertens, Moscow reacted by cutting off all communications with Kiev and placing guards on the roads to perform quarantines.⁹¹ Moreover, a police order restricted the sale of all Turkish goods in Moscow. However, by December 1770, the plague had spread to Moscow, more than likely through the raw wool and silk shipments for the city's textile industries.⁹²

In the late eighteenth century, Moscow was a changing city. Specifically, at the time of the plague in between December and March 1771, Mertens estimated some 250,000 to 300,000 people in Moscow.⁹³ Alexander estimates approximately 250,000

⁸⁷ Alexander, *Bubonic Plague*, p. 103.

⁸⁸ Jean-Henri Castéra, *The Life of Catharine II. Empress of Russia. an Enlarged Translation from the French. with Seven Portraits Elegantly Engraved, and a Correct Map of the Russian Empire*, Vol. 2 (London: printed for T. N. Longman, Paternoster-Row; and J. Debrett, Piccadilly, 1798), p. 228.

⁸⁹ Castéra, *The Life of Catharine II*, p. 229.

⁹⁰ Alexander, *Bubonic Plague*, pp. 106, 111.

⁹¹ Mertens, *An Account of the Plague which Raged at Moscow, 1771*, pp. 3-4.

⁹² Alexander, *Bubonic Plague*, pp. 122, 118.

⁹³ Mertens, *An Account of the Plague which Raged at Moscow, 1771*, p. 25.

people in Moscow at the time of the epidemic, many of whom were living in small houses or large barrack-style structures.⁹⁴ In terms of residences, Moscow had 8,554 houses in 1787. Temporary fluctuations in population during the eighteenth century did occur during long winters, where Moscow's population could increase to 400,000. In addition to seasonal population fluctuations, Moscow also experienced substantial architectural changes in the eighteenth century with the addition of barracks for soldiers, the reduction of streets and courtyards, and the establishment of an increasing number of factories and industries.⁹⁵ In general, Alexander describes eighteenth century Moscow as a "dirty, dangerous, and deadly place to live" due to the criminals, beggars, and sprawling, unsanitary conditions of the city.⁹⁶

Between December 1770 and March 1771, Mertens and the other Moscow doctors attempted to persuade the government to enforce measures of discipline, quarantine, and disinfection through fumigation. However, as Mertens wrote, "in spite of all our efforts to the contrary, every kind of precaution was neglected in the city."⁹⁷ Importantly, this reveals that the actions of the medical personnel in Moscow were dependent on, and restrained by, the central government in St. Petersburg. Moreover, the weather was damp and the winter late and mild in between 1770-1771, which aided in the spread of the plague through Moscow.⁹⁸

Only on March 12 did the Moscow administrative personnel begin to act, which, according to the Soviet historian E. Zviagintsev, included:

⁹⁴ Alexander, *Bubonic Plague*, p. 77.

⁹⁵ Gilbert Rozman, *Urban Networks in Russia, 1750-1800, and Premodern Periodization* (Princeton: Princeton University Press, 1976), pp. 141, 144, 145-146.

⁹⁶ J.T. Alexander, "Catherine II, Bubonic Plague, and the Problem of Industry in Moscow," *The American Historical Review* 79, no. 3 (1974), p. 645.

⁹⁷ Mertens, *An Account of the Plague which Raged at Moscow, 1771*, p. 9

⁹⁸ Mertens, *An Account of the Plague which Raged at Moscow, 1771*, p. 6; Alexander, *Bubonic Plague*, 129.

forced quarantines and isolations, disinfection of the houses, closure of the domestic markets and the stoppage of the delivery of food supplies, prohibition of entrance and exit from the city, closure of the trade baths, slowing of the work on the fabric and the threat to relocate [the fabric factories] altogether from Moscow, burning of the dresses and the possessions belonging to the dead, prohibition of the open-casket burial service of the churches and of the washing and last kiss by their relatives.⁹⁹

Although these sanitary measures listed by Zviagintsev were the culmination of over half a century of growth of the Russian state medical apparatus, their harshness also illustrate the gulf between the state and the common people. In addition, throughout March, hospitals, factories, and jails were inspected and fumigated.¹⁰⁰ To treat the plague, the European medical personnel prescribed an acidic diet, Peruvian bark, powders, and the heavy use of sweating and vinegar. In addition, reports on the plague had been sent to Catherine in St. Petersburg on March 12, 1771, who subsequently reinforced the measures already being undertaken, and placed Lieutenant General and Senator Peter Dmitrievich Eropkin as the coordinator of public health measures with orders to enforce the closure of Moscow and the regulation of “all departures by a cordon 20 miles away.”¹⁰¹

Interestingly, in April and May of 1771, the plague seemingly disappeared from the streets of Moscow. Some have ascribed this brief respite, at least in part, to the plague measures implemented by the city, but Alexander argues that it was due to irregular weather and thaw patterns in May.¹⁰² However, by July 1771, the plague had returned in

⁹⁹ Alexander, *Bubonic Plague*, pp.134-139; E. Zviagintsev, “Chuma v Moskve v XVII i XVIII vv,” *Istoricheskii zhurnal*, no. 2 (1937): p. 57.

¹⁰⁰ Alexander, *Bubonic Plague*, pp.134-139.

¹⁰¹ Alexander, *Bubonic Plague*, pp. 183, 146, 165.

¹⁰² M. Gerardin, “Notice Relative to the Plague in Moscow of the Year 1771,” in *The Edinburgh Medical and Surgical Journal: Exhibiting a Concise View of the Latest and Most Important Discoveries in Medicine, Surgery, and Pharmacy*, volume 49 (Edinburgh: Printed for Adam and Charles Black, 1838), p. 238; Alexander, *Bubonic Plague*, pp. 150-151.

full force to Moscow.¹⁰³ Indeed, the Plague Commission recorded 56,900 deaths in Moscow between April 1771 and March 1772.¹⁰⁴ The city officials reinforced the previous health measures and slowly added to them as well. For example, plague cases began to be recorded at the factories and warehouses in August, which were subsequently shut down on August 17, 1771. Throughout August, a losing battle was waged by the Moscow authorities, where people continually fled, bypassed forced quarantines, and became increasingly terrified.¹⁰⁵ For example, Castéra later recorded that at this time, “the dead lay for three or four days in the streets where they had fallen, or where they had been thrown out from the houses.”¹⁰⁶ Indeed, going into September, the Moscow authorities began drafting volunteer police forces and hundreds of manufactory workers to install their quarantines and the handling of the dead bodies.¹⁰⁷

By mid-September, the intrusive public health measures, along with the fear and death spread by the plague in Moscow, manifested themselves in the form of a public riot. The riot began on September 15, 1771, and was sparked by a random event: the removal of a popular healing icon and its associated money chest containing the payments of the icon’s visitors at the Varvarskie Gates of Kitai-Gorod. The icon had been removed by Archbishop Amvorskii of Moscow, who supported the city’s anti-epidemic campaign.¹⁰⁸ Fights immediately broke out, which continued and spread all night and into September 16. Indeed, when the rioters found the Archbishop, they beat and killed him

¹⁰³ Alexander, *Bubonic Plague*, p. 162.

¹⁰⁴ Alexander, *Bubonic Plague*, p. 257.

¹⁰⁵ Alexander, *Bubonic Plague*, pp. 168, 172-176.

¹⁰⁶ Castéra, *The Life of Catharine II*, p. 231.

¹⁰⁷ Alexander, *Bubonic Plague*, p. 182.

¹⁰⁸ Alexander, *Bubonic Plague*, p. 189.

until “all his body was one wound.”¹⁰⁹ Throughout the 16 and the morning of the 17, the rioters clashed with the Moscow military forces, which consisted of 130 men.¹¹⁰ Importantly, the riot was not isolated to one social group within the city, as the rioters’ ranks were recorded as consisting of “schismatics, manufactory workers, clerks, merchants, and serfs.”¹¹¹ By the evening of September 17, 800 fresh military reinforcements entered Moscow, effectively ending the riot.¹¹²

Overall, the riot was motivated by widespread discontent and fear, and not by political grievances. Indeed, during the 1770-1772 plague epidemic, the common folk of Moscow became increasingly frustrated with the intrusive state medical policies. For instance, one of the main problems faced by Eropkin was that the Moscow populace hated the physicians and “refused to take medicines or to believe the disease was really plague.”¹¹³ According to Castéra, “the superstitious populace in this metropolis [Moscow] despised the precautions recommended by government, and the prescriptions of the physicians.”¹¹⁴ Interestingly, to combat the general revulsion of the hospitals, Grigorii Orlov offered a 5 ruble allowance (10 rubles if married) with new clothing to those who came to the hospitals and left cured.¹¹⁵

¹⁰⁹ Fedor V. Karzhavin, "About the Moscow Riot, an Unfinished Eyewitness Account," *Slavic Studies in History* 25, no. 4 (1987), pp. 85-86, 82.

¹¹⁰ Karzhavin, "About the Moscow Riot, an Unfinished Eyewitness Account," pp. 86, 87. Usually the number of soldiers in Moscow was greater, but because “of the sicknesses that were consuming all the people, the detachment in the city was very small, only those had been left for the required guards, and the extra soldiers had been sent to the hamlet of Miachkovo” (Karzhavin, "About the Moscow Riot, an Unfinished Eyewitness Account," p. 83).

¹¹¹ Karzhavin, "About the Moscow Riot, an Unfinished Eyewitness Account," p. 86.

¹¹² Karzhavin, "About the Moscow Riot, an Unfinished Eyewitness Account," p. 87.

¹¹³ Alexander, *Bubonic Plague*, p. 206.

¹¹⁴ Castéra, *The Life of Catharine II*, pp. 233-234.

¹¹⁵ Tooke, *View of the Russian Empire*, pp. 219, 220-222. However, according to Tooke, this also produced a lot of people feigning illness and recovery.

Not surprisingly, the quarantines were especially despised. The intrusiveness of the quarantines was captured by Mertens, who stated that if any of the “common people” should be “seized with the plague, he should be sent to the hospital of St. Nicholas,” his furniture and clothes were to be burned, and those living in the same apartment were to be quarantined for forty days.¹¹⁶ Quantitatively, 8,133 of the 12,565 people quarantined in the state facilities in Moscow died in between April 1771 and March 1772.¹¹⁷ As stated by the Soviet historian S.M. Grombakh, “the population was more afraid of the quarantines than the plague.”¹¹⁸ Thus, when the riot began and normal authority was suspended, one of the first actions of the rioters aimed at reversing the medical policy of quarantining. For instance, P. Alekseev, an observer who was associated with some of the clergy that were attacked by the general populace, described in a letter that the rioters first “went to free people from the quarantine, which they released.”¹¹⁹ Moreover, Alekseev recorded how the rioters approached a churchman in their pursuit of the hiding Archbishop and asked him “whether you sentenced to take us to the quarantine? And who thinks the same with you in this [matter]?”¹²⁰ A similar observation was made in a letter by Fedor Karzhavin, who was a technical worker helping to rebuild the Kremlin in 1771. He recorded that on September 17, the rioters demanded “that people should be buried at the churches, not taken to quarantines; that the quarantine houses be destroyed; that the field surgeons and doctors not treat people; that the public baths be unsealed; [and] that

¹¹⁶ Mertens, *An Account of the Plague which Raged at Moscow, 1771*, pp. 16-17.

¹¹⁷ Alexander, *Bubonic Plague*, p. 226.

¹¹⁸ S.M. Grombakh, “S.G. Zybelin v Bor’be s Epidemiey Chumy 1771-1772 gg,” *Sovetskoe Zdravookhranenie/Ministerstvo Zdravookhraia SSSR* 21, no. 6 (1962): p. 87.

¹¹⁹ P. Alekseev, “Opisanie Moskovskogo bunta 1771 goda sentiabria 15 dnia,” *Russkii Arkhiv*, no. 12 (Moscow, 1863): p. 911.

¹²⁰ Alekseev, ““Opisanie Moskovskogo bunta 1771 goda sentiabria 15 dnia,” p. 913.

captives and the wounded be handed over to them and pardoned for the riot.”¹²¹

Importantly, nearly all these demands were concerned with ceasing the medical policies in practice during the epidemic.

Mertens’ and Tooke’s accounts also described the hostility directed towards the anti-epidemic medical policies that occurred during the plague riot. Mertens, for instance, described the riot as “an outrageous mob,” which “broke open the pest-houses and quarantine hospitals,” renewed their bed-side religious customs for the sick, and dug up the dead bodies outside the city in order to rebury them back in Moscow.¹²² Interestingly, Mertens ended his discussion of the riot with a remark on how it helped to spread the contagion faster through the “intermixture of the healthy and infected.”¹²³ As recorded by Tooke in 1799, during the plague outbreak “the common people regarded all the applications recommended by the magistracy only with great dislike.”¹²⁴ He continued, “they were principally set against the sick-houses and quarantines, which they considered as unnecessary inventions of the physicians.”¹²⁵ Tooke further noted that the general populace in Moscow abhorred the public hospitals during the time of plague. Interestingly, Mertens’ and Tooke’s accounts reveal that, on one hand, the doctors were blaming the people for spreading the disease by not obeying the sanitary measures, and, on the other, the common folk were blaming doctors for starting and spreading the disease.

Following the riot, events began to mold the medical system more directly.

Although “the worthy general Yerapkin [Eropkin] was making every exertion in his

¹²¹ Karzhavin, "About the Moscow Riot, an Unfinished Eyewitness Account," p. 86.

¹²² Mertens, *An Account of the Plague which Raged at Moscow, 1771*, p. 22.

¹²³ Mertens, *An Account of the Plague which Raged at Moscow, 1771*, pp. 22, 23.

¹²⁴ Tooke, *View of the Russian Empire*, pp. 219-222.

¹²⁵ Tooke, *View of the Russian Empire*, pp. 219-222.

power,” on September 21, 1771, Catherine sent her court favorite, Count Grigorii Orlov (1734-1783), to bring order back to Moscow. Interestingly, this was before news of the plague riot on September 15 had reached St. Petersburg.¹²⁶ Thus, Orlov, apparently armed with 100,000 rubles and a firm belief in the contagious theory of disease (spread by contact and not through foul air), brought doctors and discipline to Moscow.¹²⁷ On October 11, 1771, Orlov created the Commission for the Prevention and Treatment of the Pestilential Infectious Distemper, which was a mixed administrative body of central and local, governmental and medical, and foreign and domestic. Indeed, medical members of this Commission included three doctors (Shafonskii, Yagel’skii, and Orraeus), a staff-surgeon (Grave), and a surgeon (Samoilovich).¹²⁸

The Commission began meeting on October 12, continued to meet almost daily for the next year, and was dissolved only in 1775, after the war with the Turks ended in a Russian victory in 1774.¹²⁹ The Commission created more quarantine houses and isolation facilities, offered rewards for medical personnel who displayed “discipline and zeal,” seized beggars and brought them to the Ugresch Monastery, and mobilized more medical personnel.¹³⁰ The Commission also experimented with new sulfur-based fumigation powders, and by April 9, 1772, they had treated over 6,000 structures with nearly 10,000 rooms. Moreover, the medical community, under the guidance of the Commission, issued prescriptions and distributed leaflets containing instructions on treatment and prophylaxis. Within the medical community, the Commission “solicited

¹²⁶ Castéra, *The Life of Catharine II*, p. 231; Alexander, *Bubonic Plague*, p. 203.

¹²⁷ Castéra, *The Life of Catharine II*, p. 232; Alexander, *Bubonic Plague*, p. 208-216.

¹²⁸ Alexander, *Bubonic Plague*, pp. 214, 280.

¹²⁹ Alexander, *Bubonic Plague*, p. 216.

¹³⁰ Castéra, *The Life of Catharine II*, p. 232; Gerardin, “Notice Relative to the Plague in Moscow of the Year 1771,” in *The Edinburgh Medical and Surgical Journal*, p. 240; Alexander, *Bubonic Plague*, p. 219.

guidance and information,” and sought weekly reports from physicians.¹³¹ Interestingly, physicians’ observations began to appear by late October 1771, and discussions over the efficacy of treatments also began to take place.¹³² Thus, although an ad hoc state enterprise, this Commission was a new medical institution which incorporated the involvement of both state officials and medical personnel. Additionally, the Commission further elevated and defined the role of physicians in public healthcare by incorporating them in the decision making process of an administrative body, albeit a temporary one.

By November 1771, both the temperature and the mortality rates began to drop rapidly, with the daily death toll falling from 400 on October 21, 1771 to 150 on November 15 to 75 on November 30.¹³³ Indeed, Orlov left Moscow on November 22, 1771. The plague never reached St. Petersburg, but the epidemic caused a scare that created checkpoints, road blocks, and inspections leading into the city.¹³⁴ The plague did spread into the countryside surrounding Moscow, but did so erratically and too late in the autumn of 1771 to cause the damage and concern sown in Moscow. In the end, the plague devastated Moscow. The Moscow death toll rose from an average 15,537 in 1770 to 51,465 between August and November 1771 (a death rate of 34.3 percent).¹³⁵ The

¹³¹ Alexander, *Bubonic Plague*, pp. 222-223.

¹³² Alexander, *Bubonic Plague*, pp. 223-224. For instance, advisements against bleeding plague patients arose, and one doctor, Dr. Shafonskii, even argued that the often celebrated Powder prescriptions were ineffective (Alexander, *Bubonic Plague*, p. 224).

¹³³ Alexander, *Bubonic Plague*, p. 225; Castéra, *The Life of Catharine II*, p. 233.

¹³⁴ Alexander, *Bubonic Plague*, pp. 227, 247. Moreover, the plague also frightened Britain, a trading partner of Russia. As recorded in the *London Gazette*, the British issued a quarantine “for the better preventing the Plague being brought from Foreign Parts into Great Britain or Ireland” (*London Gazette*, November 9, 1771). Specifically, any ship coming from any “Port or Place in the Dominion of Russia” was to be quarantined (*London Gazette*, November 9, 1771). Interestingly, by September 12, 1772, the members of the Russia Company were petitioning the Lords Commissioners for the end of the quarantine procedures (*London Gazette*, September 12, 1772).

¹³⁵ Alexander, *Bubonic Plague*, pp. 254, 258-260.

calamity was also expensive: the efforts in Moscow alone cost 400,000 rubles.¹³⁶ This tragedy, though, also had an immense impact on the medical system in Russia.

Indeed, the 1770-1772 plague epidemic had several long lasting effects on the medical system in Russian. To begin with, the plague epidemic influenced later decrees that further shaped the structures of power within the Russian medical system. First and foremost was the plague's influence on Catherine's 1775 *Guberniia* Reform, which was the culmination of her public health reforms. According to Alexander, "although historians have often linked the *Guberniia* Reform to the Pugachev Revolt [1774] in particular, the statute itself contained many more articles derived from the plague epidemic."¹³⁷ Through this decree, Catherine sought to improve the status of public health administration and services throughout the empire. For instance, the *Guberniia* Reform mandated that each *guberniia* (district) in the Russian empire should employ one doctor, one surgeon, two surgeon's mates, and two surgical apprentices.¹³⁸ Also, as a persuasion mechanism, the more remote the province, the higher the pay the medical personnel received for their work.¹³⁹

Moreover, the reform provided for a Bureau of Public Charity for each *guberniia*, which was intended to supervise schools, orphanages, hospitals, and other social welfare outreach programs.¹⁴⁰ By 1803, a board of social welfare existed in every *guberniia*.¹⁴¹ As noted by Heinrich Storch, the Empress had founded a "College of General Provision" in every province, to which each was given 15 thousand rubles for "public schools, orphan-

¹³⁶ Tooke, *View of the Russian Empire*, p. 227.

¹³⁷ Alexander, *Bubonic Plague*, 276.

¹³⁸ Alexander, *Bubonic Plague*, p. 277.

¹³⁹ Tooke, *View of the Russian Empire*, p. 179.

¹⁴⁰ Alexander, *Bubonic Plague*, p. 277.

¹⁴¹ Janet Hartley, "The Boards of Social Welfare and the Financing of Catherine II's State Schools," *The Slavonic and East European Review* 67, no. 2 (Apr., 1989), p. 213.

houses, hospitals and infirmaries.”¹⁴² In addition, Catherine added a 52,659 ruble donation to the St. Petersburg College of General Provision. With other donations made by private individuals to St. Petersburg, the city had 300,000 rubles for hospitals, doctors, and other civilian outreach programs.¹⁴³ The Reform also stipulated sanitary procedures for the new hospitals, including their location (outside city limits and downstream from the town), construction (not to be cramped or low), and daily routines (opening windows and cleanliness).¹⁴⁴

The *Guberniia* Reform also created the new position of a “land-captain” (or *gorodnichii* for urban *guberniia*), who was a kind of district inspector for each *guberniia*. Importantly, the “land-captain” was to oversee his district’s public health administration in concert with the local medical personnel, and was to take charge of epidemic procedures if such an event should arise.¹⁴⁵ Further sanitary reform followed in the Police Code (or Ordinance) of 1782, which made spreading infection and selling spoiled goods a crime.¹⁴⁶ Ultimately, bringing medical personnel into the districts, designing a sanitary model for future hospitals, creating a local (yet largely state financed) public health administrative institution, and establishing a new position to inspect each district’s healthcare decisively restructured the Russian medical apparatus into an organized and coherent system. Indeed, according to Alexander, Catherine incorporated the “lessons from the [plague] experience in the *Guberniia* Reform of 1775, which codified many of the public health proposals of the 1760s and provided for the systematic extension of

¹⁴² Storch, *The Picture of Petersburg*, p. 199.

¹⁴³ Storch, *The Picture of Petersburg*, p. 199-200

¹⁴⁴ Alexander, *Bubonic Plague*, pp. 277-278.

¹⁴⁵ Alexander, *Bubonic Plague*, pp. 273, 277.

¹⁴⁶ Alexander, *Bubonic Plague*, p. 273, 276, 277, 278.

professional practitioners and treatment facilities to the provinces.”¹⁴⁷ In other words, the 1775 *Guberniia* Reform, influenced by both Catherine’s public health policies of the 1760s and the plague epidemic of 1770-1772, created a more decentralized, locally managed medical apparatus with a wider impact on the general populace.

➤ Following the plague epidemic, not only did Catherine organize the distribution of medical care into the provinces through her *Guberniia* reform, she also substantially increased the numbers of hospitals, doctors, and quality of border control in the south. Indeed, according to Alexander, “officials and practitioners both interpreted the plague as proof of the need for better precautions and more medical professionals, particularly in civilian capacities and at the local level.”¹⁴⁸ In Moscow, a new public hospital and poorhouse named Catherine’s Hospital opened in August 1775 (built, in part, from the money collected at the healing icon at Varvarskie Gates in Kitai Gorod).¹⁴⁹ In 1778, Coxe visited Catherine’s Hospital, which held up to 200 patients, as well as Paul’s Hospital (built in 1763), which he described as being clean, well-staffed, and well-ventilated: “they look[ed] more like private houses than hospitals.”¹⁵⁰ Interestingly, Catherine still maintained her smallpox inoculation fight even after the plague epidemic, as Catherine’s Hospital contained a smallpox inoculation wing, “capable of containing 200 children.”¹⁵¹ Moreover, in the late 1770s, a madhouse and invalid asylum opened in Moscow, followed by a workhouse in 1782.¹⁵²

¹⁴⁷ Alexander, "Catherine the Great and Public Health," p. 202.

¹⁴⁸ Alexander, *Bubonic Plague*, p. 301.

¹⁴⁹ Alexander, *Bubonic Plague*, p. 278.

¹⁵⁰ Coxe, *Account of the Prisons and Hospitals*, pp. 19-21.

¹⁵¹ Coxe, *Account of the Prisons and Hospitals*, p. 20.

¹⁵² Alexander, *Bubonic Plague*, p. 278; Joseph Bradley, "The Moscow Workhouse and Urban Welfare Reform in Russia," *Russian Review* 41, no. 4 (Oct., 1982), p. 430.

Tooke noted the opening of a city-hospital in St. Petersburg in 1781 for poor and incurable patients. Tooke further described an “incognito” venereal hospital (1783) with 60 beds and an immense 300-400 bed public hospital (1784) in St. Petersburg.¹⁵³ Moreover, Storch recorded the 1788 creation of a charitable dispensary in St. Petersburg for sending medical personnel to houses, as well as the establishment of a poor house in 1791 for those with incurable diseases.¹⁵⁴ In addition to these hospitals and medical houses, Catherine also made the effort to greatly expand the number of medical personnel in Russia. By the 1780s, there were 229 M.D.s in Russia, as compared with the 94 in the 1760s before the plague outbreak.¹⁵⁵ Moreover, as stipulated in the *Guberniia* Reform, more of these medical personnel were going to serve the civic sector in provincial towns.

Decrees aimed at organizing and expanding the border quarantines (especially in the south) were also passed in 1786, 1793, and 1800: all of which produced twelve quarantine offices and ten checkpoints run by over 300 personnel (57 of which were medical professionals).¹⁵⁶ For instance, one Ukrainian educated doctor, I.A. Poletika (1726-1783) became the head of the quarantine service in Ukraine in 1763 until his death in 1783. As head of the Ukrainian quarantine service, Poletika oversaw strict order in the quarantine stations in Ukraine during the 1770-1772 plague epidemics.¹⁵⁷ Another Ukrainian doctor (although educated abroad), D.S. Samoilovich (1742-1805), fought the 1770-1772 plague in Moscow and was subsequently sent by Grigory Potemkin (1739-1791), Catherine’s favorite at court who rose to prominence after Count Orlov, to direct

¹⁵³ Tooke, *View of the Russian Empire*, pp. 185, 188, 182-183. Storch also noted the 1784 public hospital, and recorded that it cost 4 rubles a month (Storch, *The Picture of Petersburg*, p. 201-203).

¹⁵⁴ Storch, *The Picture of Petersburg*, p. 205-208.

¹⁵⁵ Alexander, *Bubonic Plague*, pp. 39, 280.

¹⁵⁶ Alexander, *Bubonic Plague*, p. 280.

¹⁵⁷ N.K. Borodii, "I. A. Poletika - an Outstanding Ukrainian Physician and Scholar of the Eighteenth Century," *Soviet Studies in History* 25, no. 4 (1987), pp. 9, 11, 14.

the preventative quarantine services in Southern Ukraine and Black Sea regions in 1784, where he “did much to eliminate infectious diseases among the population.”¹⁵⁸ Thus, the plague epidemic influenced Catherine to increase the number of hospitals, doctors, and border quarantine stations: all of which involved the state in the civic sector to a much greater degree.¹⁵⁹

The 1770-1772 plague epidemic also stimulated an intellectual, Western-oriented, medical discourse (and even debate) among medical professionals in Russia. Professor Johann Rost, a professor of practical mathematics and experimental physics, wrote the first eyewitness analysis of the plague epidemic, which was published by Moscow University in 1772. Although Rost’s work reflected an understanding of medical literature on the plague (his footnotes were extensive), his account was unique among the other Russian plague tractates because his was heavily influenced by the miasmatic approach.¹⁶⁰ The most comprehensive medical work on the plague as it occurred in Moscow was the Plague Commission’s official account, compiled by one of its medical members, Dr. Afanasii Shafonskii, a native Russian who graduated abroad—from Strasbourg—in 1763. Published in 1775, and again in 1787, this work was a compilation of the Commission’s activities and collected reports of the epidemic that illustrate the collaborative effort of medical personnel under the guidance of government officials.¹⁶¹

Following the publication of this official account, many other medical works on the plague followed. However, many of these publications were written in foreign

¹⁵⁸ N.K. Borodii, “The Activity of D.S. Samoilovich in the Ukraine,” *Soviet Studies in History* 25, no. 4 (1987), pp. 16-17, 22.

¹⁵⁹ Alexander, “Catherine the Great and Public Health,” p. 202.

¹⁶⁰ I.I. Rost, *Slovo o vrednom vozdukhe v zhilishchakh osoblivo prostago naroda primechaemom i o sredstvakh udobnykh k popravleniiu onago* (Moskva: Moskovskoi Universitet’, 1772), t.p., pp. 3-13.

¹⁶¹ Alexander, *Bubonic Plague*, pp. 284, 50.

languages, as “these writers sought to contribute to general European medical knowledge.”¹⁶² For instance, foreign language treatises on the plague epidemic were published by Franz Karl Meltzer (German; 1776), Charles de Mertens (German, French, Italian, and English; 1778-1799), Helias (Il’ia) Rutzky (Latin; 1781), Danilo Samoilovich (French; 1783), Gustavus Orraeus (Latin; 1784), Peter van Woensel (French; 1778), and Johann Martin Minderer (German; 1790). The fact that these plague tractates were all published in European languages illustrates that the influence of European medical science in Russia in the eighteenth century was a two-way street: medical personnel, ideas, and treatments were imported into Russia, while physicians in Russia sought to export their work to Europe. The most popular of these plague tractates were Mertens’ and Samoloivich’s, who interestingly came into debate over the level of authority and plague experience the other possessed in the field of medicine.¹⁶³

The first extensive scholarly account of the plague epidemic in Russian appeared only in 1786. Written by Ivan Vien (Johann Wien), a Moscow native who studied at the Moscow surgical school and the Petersburg Admiralty Hospital (he never studied abroad or earned a doctorate), the plague tractate was published at Catherine’s expense, and won him the rank of staff-surgeon. According to Alexander, Vien’s plague book “deserves to be known as the first comprehensive Russian plague tractate.”¹⁶⁴ Importantly, although disagreements occurred between the authors of these plague tractates, they largely agreed with each other in theoretical content. Indeed, the works of Shafonskii, Mertens, Samoilovich, and Vien all utilized a contagionist explanation, found that the poor suffered more, and were critical of the germ theory that was unpopular in the European

¹⁶² Alexander, *Bubonic Plague*, p. 284.

¹⁶³ Alexander, *Bubonic Plague*, pp. 284-285, 349.

¹⁶⁴ Alexander, *Bubonic Plague*, pp. 285-286, 358-359.

medical community at the time. Ultimately, though, these publications illustrate that the plague became “a subject for research and reflection” following the epidemic, and laid “the foundation in Russia for a tradition of epidemiological investigation.”¹⁶⁵ However, one aspect lacking in the Russian publications were medical statistics. Indeed, Tooke noted in 1799 that, “little of nothing has hitherto been published in Russia on what may be called medical statistics.”¹⁶⁶ Ultimately, though, the plague epidemic provided the emerging medical community in Russia with a common topic of analysis that further connected them to Europe and to each other.

However, the Russian medical apparatus at the death of Catherine the Great in 1796 was not yet a profession. Despite its immense growth, the medical system at the end of the eighteenth century still lacked the legislative transformation, empowerment, and institutionalization to be entitled a functional professional group. However, a medical system had emerged, one which was characterized by economic and numerical growth, the extension of the state into the civic sector, and a connection to the scientific discourse in Western Europe. Importantly, these eighteenth century developments were the foundations for future transformations in the nineteenth century.

¹⁶⁵ Alexander, *Bubonic Plague*, pp. 289, 291, 292, 301.

¹⁶⁶ Tooke, *View of the Russian Empire* (in a footnote), p. 168.

Part Two: The Nineteenth Century Medical Profession

Chapter 3. The Zemstvo Reform and the Creation of a Fledgling Medical Profession

The Russian medical system, inaugurated by Peter I and expanded into the civic sector by Catherine II, became an empowered and institutionalized profession in the late nineteenth century due to two events: the zemstvo statute of 1864 and the 1892-1893 cholera epidemic. Specifically, following the 1864 zemstvo reform statute, medical personnel began to coalesce into a functional professional body, with more efficient internal organization and cohesion among medical personnel. Within the context these changes, the 1892-1893 cholera epidemic was a watershed moment because it promoted medical professionalization by instigating the production of local autonomous medical corporations, creating a common quantitative discourse among medical personnel, and by

promulgating the perception of medical personnel as prestigious experts to the general population.

Following Catherine II's death, her son, Paul I took control of Russia. However, a palace revolution in 1801 left Paul I murdered, and his son Alexander I as Tsar. Although Alexander I founded a new school system in 1803, little was done in terms of the public health system.¹⁶⁷ During Alexander's reign, the small number of educated elites (intelligentsia) wanted changes, but Alexander's government became increasingly conservative through expanding use of the secret police and of censorship.¹⁶⁸ It is noteworthy, though, that foreign physicians continued to be utilized by Alexander, as evidenced by two Scottish court physicians of Tsar Alexander, Sir Alexander Crichton, who stayed in Russia between 1804-1819, and Sir James Wylie, who moved to Russia in the mid-1790s and stayed until his death.¹⁶⁹ Following Alexander I's death in 1825, his younger brother Nicholas I, became Tsar. Tsar Nicholas I's reign proved to be absolutist and conservative where "centralization and bureaucratism were the distinctive features of local administration."¹⁷⁰ In terms of epidemics, though, it is important to note that under Nicholas I's reign, the first railroads in Russia were completed, and trade and movement within Russia greatly expanded. Moreover, in terms of education, during Nicholas I's

¹⁶⁷ Michael T. Florinsky, *Russia: A History and an Interpretation in Two Volumes*, vol. II (New York: The Macmillan Company, 1960), pp. 630-631, 722-723. For more information on Alexander I's public health reforms, see Franklin A. Walker, "Popular Response to Public Education in the Reign of Tsar Alexander I (1801-1825)," *History of Education Quarterly* 24, No. 4 (Winter, 1984): 527-543.

¹⁶⁸ Florinsky, *Russia: A History and an Interpretation*, p. 739.

¹⁶⁹ John H. Appleby, "Sir Alexander Crichton, F.R.S. (1763-1856), Imperial Russian Physician at Large," *Notes and Records of the Royal Society of London* 53, No. 2 (May, 1999), pp. 219-221; Robert Hutchison, "A Medical Adventurer. Biographical Note on Sir James Wylie, Bart., M.D., 1758 to 1854," *Proceedings of the Royal Society of Medicine* 21, no. 8 (1928), pp. 1406-1407.

¹⁷⁰ Florinsky, *Russia: A History and an Interpretation*, pp. 753, 769. However, some local, largely perfunctory, commissions were set up during this time (like the provisional road commissions, 1833, the provisional commissions on provisioning, 1834, and committees on local dues and charges, 1851), which have been considered precursors to the 1864 zemstvo reform (Florinsky, *Russia: A History and an Interpretation*, p. 769).

reign, many more students were attending the universities in Russia, from 1,700 in 1825 to 4,600 in 1848.¹⁷¹ Following Nicholas I's death in 1855, Nicholas' eldest son Alexander II took power.

Tsar Alexander II initiated the process of medical institutionalization with the Zemstvo Statute and Temporary Regulations of 1864 and the Provincial Reform of 1865.¹⁷² These reforms initially arose because "the landed nobility expected to be compensated for its loss of dominion over the serfs [an 1861 decree] by the extension of its participation in government, especially in local administration."¹⁷³ The zemstvo reform of the 1860s lasted into the twentieth century and extended to 29 provinces, setting up a system with an elected assembly, executive board (*uprava*), and chairman in the counties and provinces; and an elected municipal council (*duma*), executive board (*uprava*), and mayor (*golova*) in the cities.¹⁷⁴

The zemstvos were to be autonomous in managing "local economic needs," which included the maintenance of hospitals and "advancement of public health."¹⁷⁵ However, the zemstvos still relied on the police and other state officials (over whom they had no control) to carry out their decisions, and their revenues "remained considerably below the

¹⁷¹ Florinsky, *Russia: A History and an Interpretation*, pp. 789, 805-806.

¹⁷² Frieden, *Russian Physicians in an Era of Reform and Revolution*, pp. 63-73. The exception to this is the city of Odessa, which was undergoing extremely rapid urban development. Thus, in 1863, a year before the zemstvo reform, Alexander II "refashioned the statutes regulating municipal government, administration, and finance in such a way as to extend primary responsibility for urban development to the city itself" [Frederick W. Skinner, "Odessa and the Problem of Urban Modernization," in *The City in Late Imperial Russia*, edited by Michael F. Hamm (Bloomington: Indiana University Press, 1986), p. 220].

¹⁷³ Florinsky, *Russia: A History and an Interpretation*, p. 896.

¹⁷⁴ Florinsky, *Russia: A History and an Interpretation*, pp. 896, 897, 899.

¹⁷⁵ Florinsky, *Russia: A History and an Interpretation*, p. 898. However, the zemstvos were not to undermine or question "the autocratic character of the imperial government" [Samuel Earl Allen, Jr., "The Zemstvo as a Social and Civic Regeneration in Russia: A Study of Selected Aspects, 1864-1905" (Worcester: Clark University, 1969), p. 3].

legitimate demands on their treasury.”¹⁷⁶ Importantly, though, zemstvo expenditure on public health rose substantially, increasing from an aggregate 1.3 million rubles in 1868 to 9.4 million in 1885.¹⁷⁷ Regionally, for instance, Saratov’s municipal council spent 199,500 rubles on medicine in 1880, 329,800 rubles in 1890, and in 1895, after the 1892-1893 cholera epidemic, 538,500 rubles.¹⁷⁸

It is also important to note that when the zemstvos were first created in 1864, many jurists and legal scholars approached them with a “public (*obshchestvennaia*) theory of self government,” which saw the zemstvos as having a separate sphere of responsibility existing outside the reigns of the state.¹⁷⁹ However, by the late 1880s, a “state theory of local self government” began to displace the “public theory.”¹⁸⁰ On the “state theory” model, the zemstvos were subsumed by the state, becoming “merely one link in the chain of bureaucratic command from St. Petersburg to the village.”¹⁸¹ Importantly, as the zemstvo became increasingly thought of as a local branch of state authority, medical personnel were taking advantage of the new local outlet for organization.

Indeed, as the zemstvo infrastructure gradually became established going into the 1870s, a sanitary movement also began to emerge. For instance, Moscow opened the first local sanitary bureau in Russia in 1875, which was quickly followed by the creation of

¹⁷⁶ Florinsky, *Russia: A History and an Interpretation*, p.898.

¹⁷⁷ Florinsky, *Russia: A History and an Interpretation*, p. 899.

¹⁷⁸ Thomas Stuart Fallows, “Forging the Zemstvo Movement: Liberalism and Radicalism on the Volga, 1890-1905,” (Cambridge: Harvard University, 1981), p. 424. Saratov, a city on the Volga, was one of the cities worst hit by the 1892-1893 cholera epidemic.

¹⁷⁹ Fallows, “Forging the Zemstvo Movement,” pp. 407-408.

¹⁸⁰ Fallows, “Forging the Zemstvo Movement,” pp. 407-408.

¹⁸¹ Fallows, “Forging the Zemstvo Movement,” pp. 407-408.

the St. Petersburg sanitary bureau in 1878.¹⁸² Additionally, in the 1870s and 1880s, zemstvo medical programs created local public health councils consisting of both zemstvo and private physicians, which subsequently “organized annual medical meetings..., published medical statistics and reports, defined and regulated physicians’ duties, and controlled the hiring and firing of medical personnel.”¹⁸³ Thus, by the 1880s, “the new emphasis on public health, hygiene and sanitation gained momentum.”¹⁸⁴ In essence, the zemstvo medical programs promoted the establishment of a cohesive, disciplined, and organized medical force. Although the medical system in the 1870s and 1880s was marked by enthusiasm and organization centered on zemstvo medicine, the zemstvos and zemstvo physicians remained unevenly distributed throughout the provinces. For instance, until the 1890s, zemstvo physicians worked on a circuit system (*razezdnaia*), traveling from district to district which were staffed by permanently employed physician assistants.¹⁸⁵

Interestingly, the number of applicants to Russian medical schools rose substantially during in the 1870s and 1880s, which provides evidence of the social enthusiasm and attention Russian medicine received in between the zemstvo reform and the 1892 epidemic. *The British Medical Journal* noted in 1885 that “the Russian medical schools are becoming so crowded that some method must be resorted to for diminishing the number of applicants. It is impossible to give clinical instruction satisfactorily to such

¹⁸² D.N. Zhbankov, *O deiatelnosti sanitarnykh biuro i obshchestvenno-sanitarnykh uchrezhdenii v zemskoi Rossii: kratkii istoricheskii obzor* (Moskva: Tipo-Litografiia V. Rikhter, 1910), pp. 66-67.

¹⁸³ Nancy Mandelker Frieden, “Physicians in Pre-Revolutionary Russia: Professionals or Servants of the State?,” *Bulletin of the History of Medicine* 49, no. 1 (Jan., 1975), p. 28.

¹⁸⁴ Henze, *Disease, Health Care and Government in Late Imperial Russia*, p. 100.

¹⁸⁵ Mark G. Field and Paul Dudley White, *Doctor and Patient in Soviet Russia* (Cambridge, Mass.: Harvard University Press, 1957), pp. 2-3.

large numbers as there are at present”¹⁸⁶ The increasing number of applicants to Russian medical schools reflected the growing vision of physicians as an alluring and prestigious profession in society, which countered popular perception of medical personnel as foreign quacks a century earlier.¹⁸⁷ Quantitatively, though, in 1889 (three years before the epidemic outbreak), there were 12,521 doctors in Russia, with 2,629 in the armed services; 3,465 in the central, zemstvo, or municipal governments; 1,552 in the hospitals or teaching; and 3,289 in private practice. Interestingly, most doctors on government payrolls did not consider themselves as government officials.¹⁸⁸

During the 1880s, the publication of *The Physician (Vrach, 1880-1901)* and the meetings of the Society of Russian Physicians in Memory of N.I. Pirogov (the Pirogov Society, 1883-1917) illustrate the perspectives of Russian physicians caught between local autonomy and central government control. Indeed, *The Physician* and the Pirogov Society emerged outside of any reform statutes, even the zemstvo reform, and thus highlights how medical personnel in Russia existed in a “blurred zone between officialdom and intelligentsia” in the late nineteenth century.¹⁸⁹ Moreover, both became very popular among medical personnel. For instance, at least one third of Russian doctors subscribed to the weekly published *Physician*, which “acquired an unusual authority in the medical world.”¹⁹⁰ The Pirogov Society, founded at a congregation of zemstvo physicians in Odessa in 1883, held “Pirogov Congresses” every two years beginning in

¹⁸⁶ “Restrictions on Russian Medical Students.” *The British Medical Journal*, Vol. 2, No. 1294 (Oct. 17, 1885), p. 748.

¹⁸⁷ For information on popular perception of physicians in the eighteenth century, see Elizabeth A. Warner’s “The Quack Doctor in the Russian Folk and Popular Theatre,” *Folklore* 93, no. 2 (1982): 166-175.

¹⁸⁸ Hugh Seton-Watson, *The Russian Empire, 1801-1917* (London: Oxford University Press, 1967), p. 472.

¹⁸⁹ Seton-Watson, *The Russian Empire, 1801-1917*, p. 472.

¹⁹⁰ Frieden, *Russian Physicians in an Era of Reform and Revolution*, pp. 113, 115. Other medical journal publications outside of *Vrach* also arose during the 1880s, but these had limited circulation and impact on the medical profession (Frieden, *Russian Physicians in an Era of Reform and Revolution*, p. 117).

1885.¹⁹¹ In the eight congresses in between 1885-1907, a total of 10,405 physicians attended.¹⁹² Functionally, the Pirogov Society “organized the physicians' campaign for professional autonomy and spearheaded major efforts for social and political reform, culminating in its oppositional political activity during 1905.”¹⁹³ Ultimately, *The Physician* and the Pirogov Congresses coordinated community medical efforts, promoted a sense of expertise, and strengthened the professional conscience of Russian physicians.

However, it is important to note that both *The Physician* and the Pirogov Society stressed the importance of the medical programs in the zemstvos. For instance, *The Physician* “gave persistent support to zemstvo medicine as the most effective answer to Russia’s health problems.”¹⁹⁴ According to Frieden, even though only fifteen percent of the physicians in Russia worked in the zemstvos at any given moment, the widespread physicians’ support of “the semi-autonomous local self-governments in their medical programs” persisted “because they perceived that in the zemstvos they could attain greater professional independence and thereby overcome some of the peculiar conditions and disabilities of medical practice” under a centralized, autocratic government.¹⁹⁵

¹⁹¹ Frieden, *Russian Physicians in an Era of Reform and Revolution*, pp. 118-119. Importantly, the *Vrach* publications and the Pirogov Society often fed off of one another. For instance, in 1885, Professor Skilasovski wrote in a *Vrach* publication on the importance of Russian surgeons to meet every two to three years in Moscow or St. Petersburg in order to keep provincial surgeons’ knowledge up to date (“Proposed Periodical Congress of Russian Surgeons.” *The British Medical Journal*, Vol. 2, No. 1294 (Oct. 17, 1885), p. 748).

¹⁹² Frieden, *Russian Physicians in an Era of Reform and Revolution*, p. 121. The Pirogov Congress met the following years: 1885, 1887, 1889, 1891, 1893, 1896, 1902, and 1907.

¹⁹³ Elisa Marielle Becker, “Judicial Reform and the Role of Medical Expertise in Late Imperial Russian Courts,” *Law and History Review* 17, no. 1 (Spring, 1999), p. 5.

¹⁹⁴ Frieden, *Russian Physicians in an Era of Reform and Revolution*, p. 116. *The Physician’s* support of zemstvo medicine continued even into the 1890s. For instance, one lengthy 1894 *Vrach* article systematically charted the zemstvo medical assistance in the Russian districts in between 1889-1891 (*Vrach*, 1894, no. 18, pp. 513-519, 546-551).

¹⁹⁵ Frieden, “Physicians in Pre-Revolutionary Russia,” pp. 20, 28-29; Field, *Doctor and Patient in Soviet Russia*, p. 5.

Moving into the late 1880s, two last events are worth noting. The first was a commission formed by the government in 1886 to investigate possible public health reforms.¹⁹⁶ The commission, led by the prominent court physician S.P. Botkin (1832-1889), initiated debates concerning “the relative merits of the zemstvo—and government—sponsored programs.”¹⁹⁷ However, the public health commission’s efforts ceased with the death of Botkin in 1889.¹⁹⁸ The second event was a tightening of state bureaucratic control over the zemstvos through a piece of ‘counter-reform’ legislation under the more conservative Tsar Alexander III in 1890. In broad terms, the 1890 zemstvo reform allowed state officials “broad discretionary powers over the entire field of zemstvo activities.”¹⁹⁹ Specifically, electors of the county zemstvo assemblies (*uezd*) were segregated, zemstvo officials required confirmation by centrally appointed governors once elected, and zemstvo decisions had to be ratified by the central governor or undergo a two week period in which they could be vetoed by a central official. A similar act was passed on June 11, 1892, which further restricted zemstvo suffrage based on property qualifications. It is important to note, though, that these ‘counter-reforms’ reflected the perspectives of a handful of conservative government officials under Alexander III, including Ivan Durnovo, the Minister of the Interior from 1889 to 1895; Dmitry Tolstoy, the preceding Minister of Interior from 1882 to 1889; and Konstantin Pobedonostsev, the Ober-Procurator of the Holy Synod of the Orthodox Church during

¹⁹⁶ Frieden, *Russian Physicians in an Era of Reform and Revolution*, p. 137. The commission was created due to an embarrassing paper read at the International Sanitary Conference in Rome in 1885 which compared Russia’s high mortality rates with the mortality rates in Western Europe (63.1 infant mortality for every thousand born in England, as compared to 167.6 per thousand in Russia!).

¹⁹⁷ Frieden, *Russian Physicians in an Era of Reform and Revolution*, p. 137.

¹⁹⁸ Frieden, *Russian Physicians in an Era of Reform and Revolution*, p. 137.

¹⁹⁹ Florinsky, *Russia: A History and an Interpretation*, pp. 1096-1098.

Alexander III's reign.²⁰⁰ Moreover, as Frieden noted, the "Zemstvo Statute of 1890, although considered a 'counter-reform' with respect to some aspects of zemstvo governance, measurably improved the position of zemstvo physicians" as parts of the statute "specified stronger powers for medical experts and set the legal basis for specialized bureaus in charge of technical issues such as sanitation."²⁰¹ Indeed, the 1890 zemstvo reform promoted the later creation of permanent zemstvo sanitary executive commissions during the cholera epidemic.²⁰²

Chapter 4. The 1892-1893 Cholera Epidemic and Medical Empowerment

The European cholera epidemics of the nineteenth century were, first and foremost, immense tragedies, which killed hundreds of thousands throughout the century via a gruesome and violent death (dehydration because of "profuse watery diarrhea with loss of up to **30 liters** of fluid per day"²⁰³). Secondly, the scale and fear of these epidemics forced the governmental and medical personnel to respond. However, going into the 1892-1893 cholera epidemic, the role and power of Russian physicians as a constitutive profession in caring for the public were still unclear. Was it the government's role, or the local hospitals' role to care for the sick? Who was responsible for gathering

²⁰⁰ Florinsky, *Russia: A History and an Interpretation*, pp. 1094-1098.

²⁰¹ Nancy Mandelker Frieden, "The Russian Cholera Epidemic, 1892-93, and Medical Professionalization," *Journal of Social History* 10, no. 4 (Summer, 1977), pp. 552-553.

²⁰² Frieden, "The Russian Cholera Epidemic, 1892-93, and Medical Professionalization," pp. 552-553. In terms of autonomy, there was also a heated debate within the medical profession over *soslovie* status, or the status of a self-governing professional estate. In the 1860s reform legislation, the government began to grant "a limited and specified autonomy, exercised under its [the government's] supervision, to occupational groups with special expertise, such as the barristers" (John F. Hutchinson, "Society, Corporation or Union? Russian Physicians and the Struggle for Professional Unity, 1890-1913." *Jahrbücher für Geschichte Osteuropas* 30, no. 1 (1982), p. 42). Going into the 1900s, a debate erupted between physicians who wanted *soslovie* status for the prestige and sense of autonomy and others who did not want the government rigorously supervising its affairs (Hutchinson, "Society, Corporation or Union?," pp. 42-45).

²⁰³ Dr. Jeffrey C. Smith, "Other Gram-Negative Enteric Pathogens and Opportunistic *Enterobacteriaceae*," *Microbiology and Immunology II* (Microbiology 7401), lecture 25 (Greenville, [NC]: Brody School of Medicine, Fall 2013), p. 1.

medical statistics and implementing public health policies: the state government, the local doctor, or a Medical Association? The 1892-1893 cholera epidemic forced these topics to the forefront of the debates as the tragedy required public health policies, both for the present epidemic and for the prevention of future occurrences. Ultimately, the 1892-1893 cholera epidemic imparted autonomy to the emerging medical establishments, engendered the transfer of Western-oriented quantitative medical discourse to Russia, and promoted the establishment of a trusting relationship between the medical professionals and the general populace.

Importantly, though, several waves of cholera epidemics had already taken place in Russia earlier in the nineteenth century. Specifically, the first epidemic of cholera arrived in Russia in 1830-1831, and is estimated to have killed over 466,000 people.²⁰⁴ The eminent scholar of the 1830-1831 epidemic, Robert E. McGrew, observed in 1965 that this cholera epidemic “failed to produce anything comparable to the demands for social reform which followed the cholera in the West.”²⁰⁵ In the end, McGrew contended that the 1830-1831 epidemic “revealed the static character of Russian society and significant lack of social development both in attitudes and conditions.”²⁰⁶ The second cholera epidemic hit Russia in 1847 and did not disappear from Russian soil until 1859.²⁰⁷ Between 1847 and 1851 alone, the medical authorities reported the deaths of over 1 million people.²⁰⁸ In 1853 and 1855, cholera flared to epidemic proportions again, taking 100,083 and 131,327 lives respectively. A third epidemic hit Russia in 1865, but

²⁰⁴ Henze, *Disease, Health Care and Government in Late Imperial Russia*, p. 20.

²⁰⁵ Roderick E. McGrew, *Russia and the Cholera, 1823-1832* (Madison: University of Wisconsin Press, 1965), p. 15.

²⁰⁶ McGrew, *Russia and the Cholera, 1823-1832*, p. 155.

²⁰⁷ Henze, *Disease, Health Care and Government in Late Imperial Russia*, p. 20.

²⁰⁸ McGrew, *Russia and the Cholera, 1823-1832*, p. 5.

only caused sporadic outbreaks. By the late nineteenth century, Russia was still very susceptible to an epidemic, whereas other countries in Western Europe, namely Britain, had successfully adapted to the cholera challenge.²⁰⁹

However, the 1892-1893 cholera epidemic hit when the Russian medical system was ripe for change: after nearly three decades of professionalization and institutionalization inaugurated by the 1864 zemstvo reform. It is important to note, though, that the 1892-1893 cholera epidemic was an immense tragedy that claimed 215,157 victims in 1892, 38,922 victims in 1893, and had the highest mortality rate out of any other cholera epidemic in Russia (45.8 per thousand).²¹⁰ Importantly, this epidemic was a double burden to the populace as it came on the heels of a devastating famine in between 1891-1892.²¹¹ As the cholera epidemic entered and spread throughout Russia in the summer of 1892 (crossing the borders by water at the mouths of the Volga to spread northward, and by rail to Rostov-on-Don to spread westward to Ukraine), the government actively put forth observation and sanitary reception points.²¹² Measures issued by the Ministry of Interior and Ministry of Ways and Communications throughout May and June 1892 dealt with disinfection and transportation laws.²¹³ Many of these measures

²⁰⁹ For the British cholera epidemics, see Margaret Pelling, *Cholera, Fever and English Medicine, 1825-1865* (Oxford [England]: Oxford University Press, 1978); R.J. Morris, *Cholera, 1832: The Social Response to an Epidemic* (New York: Holmes & Meier Publishers, 1976); and Michelle Elizabeth Allen, *Cleansing the City: Sanitary Geographies in Victorian London* (Athens: Ohio University Press, 2008).

²¹⁰ Frieden, *Russian Physicians in an Era of Reform and Revolution*, p. 158; Henze, *Disease, Health Care and Government in Late Imperial Russia*, p. 51.

²¹¹ For a primary source account of the famine, see Francis B. Reeves, *Russia then and Now, 1892-1917: My Mission to Russia during the Famine of 1891-1892, with Data Bearing upon Russia of to-Day* (New York: G.P. Putnam's sons, 1917). For a secondary source, see Richard G. Robbins, *Famine in Russia, 1891-1892* (New York: Columbia University Press, 1975).

²¹² Henze, *Disease, Health Care and Government in Late Imperial Russia*, p. 64; Frank Gerard Clemow, *The Cholera Epidemic of 1892 in the Russian Empire: With Notes upon Treatment and Methods of Disinfection in Cholera, and a Short Account of the Conference on Cholera Held in St. Petersburg in December, 1892* (London; New York: Longmans Green, 1893), pp. 30, 66-70

²¹³ Clemow, *The Cholera Epidemic of 1892 in the Russian Empire*, pp. 80-81.

were aimed at limiting the movements and gatherings of people, often times accompanied by force.²¹⁴ With Koch's discovery of the vibrio cholera bacillus in 1883, physicians in Russia possessed the knowledge to combat the epidemic, but still lacked sufficient autonomy to successfully implement it, even with the gradual legal transformation and institutional gains following the zemstvo reform.²¹⁵

However, as the epidemic gained momentum, the situation for Russian physicians began to change. Indeed, the most "far-reaching" order by the Ministry of the Interior was issued on June 9, whereby the central town of each district "was instructed to form a Sanitary Commission, consisting of medical men, to whom was entrusted the carrying out of all measures directed against the importation or spread of cholera in that particular district."²¹⁶ Once formed, these commissions were to provide all the medical relief the epidemic required, as well as to improve the sanitary conditions of the city.²¹⁷ Although the medical system by 1892 was far more locally organized than it was in the 1770s, the June 9 statute is comparable to Catherine's 1775 *Guberniia* reform in that both aimed to expand the presence of the medical system on a local level, as well as to improve the efficiency of its management and organization as a whole.

The June 9, 1892 statute broadened the powers of the sanitary commissions already in existence and instigated the creation of many more sanitary commissions. For instance, in a letter dated July 22, 1892, Anton P. Chekhov (1860-1904) wrote from

²¹⁴ Clemow, *The Cholera Epidemic of 1892 in the Russian Empire*, pp. 80-81; Frieden, *Russian Physicians in an Era of Reform and Revolution*, pp. 147-148.

²¹⁵ Clemow, *The Cholera Epidemic of 1892 in the Russian Empire*, pp. 65-66; Henze, *Disease, Health Care and Government in Late Imperial Russia*, p. 54; Frieden, *Russian Physicians in an Era of Reform and Revolution*, p. 143.

²¹⁶ Clemow, *The Cholera Epidemic of 1892 in the Russian Empire*, p. 75.

²¹⁷ Clemow, *The Cholera Epidemic of 1892 in the Russian Empire*, p. 75. Interestingly, in July 1892, a *New York Times* article stated that "the epidemic is teaching the Russians a salutary lesson of cleanliness," possibly referring to the June statute ("German's Cholera Scare: Great Neglect of Ordinary Precautions in Russia," *New York Times* (July 24, 1892), p. 16).

Moscow that “cholera, one should assume, will not be especially strong. Yes, even the strong [cholera] is not fearful because the zemstvo provided the doctors with very wide powers.”²¹⁸ Although possibly unrelated to the June statute, the Saratov Zemstvo allotted 40,000 rubles to the sanitary commission on July 7 to fight the cholera epidemic.²¹⁹ Moreover, in 1892, sanitary commissions opened in the districts of Bessarabia (part of present day Moldova and Ukraine), Smolensk, Taurida (in the Crimea), and Perm (near the Ural Mountains). In addition, the district of Samara (north of Saratov on the Volga) opened their sanitary commission in 1893.²²⁰ In other words, in response to both the popularity of zemstvo medicine and the exigency of 1892-1893, the medical system was rapidly expanding into the civic sector. Importantly, this type of expansion of the medical system on a local scale was very similar to that which occurred under Catherine’s reign over a century earlier.

In St. Petersburg, the measures taken by the sanitary commission were recorded by Dr. Frank Clemow, a member of the Epidemiological Society of London who was in the capital city when the 1892-1893 cholera epidemic struck Russia. Indeed, Clemow argued that St. Petersburg “escaped with so comparatively a mild visitation” of the epidemic because of the “the value of local measures” in the city.²²¹ According to Clemow local sanitary measures were carried out in St. Petersburg by the efforts “of the permanent Sanitary and Hospital Commissions, and of the Commissions formed to meet the special danger.”²²² Overall, Clemow lauded these local establishments. For instance,

²¹⁸ A.P. Chekhov, *Писма*, том 15 (Moskva: Gosudarstvennoe Izdatel'stvo Khudozhestvennoi Literatury, 1949), p. 411.

²¹⁹ *Vrach*, 1892, no. 29, p. 738.

²²⁰ Zhabankov, *O deiatelnosti sanitarnykh biuro*, pp. 66-67, 59-60.

²²¹ Clemow, *The Cholera Epidemic of 1892 in the Russian Empire*, p. x.

²²² Clemow, *The Cholera Epidemic of 1892 in the Russian Empire*, p. x.

Clemow noted that the sanitary commission in St. Petersburg was successful in removing and improving “hygienic deficiencies.”²²³ Interestingly, Andrew D. White, a United States diplomat in St. Petersburg during the 1892 epidemic, described the “sanitary columns” in St. Petersburg, which were “made up of small squads of officials representing the medical and engineering professions and the police.”²²⁴ White further noted how “excellent hospitals and laboratories were established” in St. Petersburg in response to cholera.²²⁵ In the end, though, Clemow (and White) did not accuse the government of mishandling the cholera tragedy. Instead, Clemow blamed the increasing numbers of railroads and navigable waterways interlinking Russia, the preceding famine of that year, the Russian cities’ bad water supply, and the fact that “the surroundings of the Russian peasant are extremely bad from a sanitary point of view” to the spread and strength of the epidemic.²²⁶ In addition, Henze noted how Russia’s inadequate sanitary and medical infrastructure, as well as a lack of medical personnel and supplies, made Russia “defenseless” once the cholera bacillus entered the country.²²⁷

As the mortality rates soared going into the fall of 1892 (see figure 1) the government interestingly decided to convene a cholera conference in the winter of 1892 at its own expenses.²²⁸ Indeed, the need to call a cholera conference “was a tacit admission by the state that the current organization of public health had failed.”²²⁹ This failure was caused by the creation of local sanitary commissions in the midst of a

²²³ Clemow, *The Cholera Epidemic of 1892 in the Russian Empire*, pp. 76-77.

²²⁴ Andrew D. White, “A Diplomat’s Recollections of Russia: Incidents and Impressions of my Mission in 1892-94,” *Century Illustrated Magazine* 69, no. 1 (Nov. 1894), p. 126.

²²⁵ White, “A Diplomat’s Recollections of Russia,” p. 126.

²²⁶ Clemow, *The Cholera Epidemic of 1892 in the Russian Empire*, pp. 38, 47-48, 60-61, 59.

²²⁷ Henze, *Disease, Health Care and Government in Late Imperial Russia*, p. 64.

²²⁸ B.V. Vladykin, *Materialy k istorii kholernoii epidemii 1892-1895 gg. v predelakh Evropeiskoi Rossii* (St. Petersburg: Tipografiia P.P. Soikina, 1899), pp. 15-24, 91; Frieden, *Russian Physicians in an Era of Reform and Revolution*, p. 155.

²²⁹ Henze, *Disease, Health Care and Government in Late Imperial Russia*, p. 114.

tendency towards state administrative control in the 1880s and 1890s, which created an ambiguous “dual structure” in the administration of medical affairs.²³⁰ The calling of the medical conference was indeed unusual for the state government, especially under such a conservative Tsar, as “the state rarely called upon extragovernmental individuals or the zemstvos for advice.”²³¹

As described by Clemow, a summons for the conference was sent on October 30, 1892 by the Minister of Interior for one or two physicians from each district in Russia to attend. Beginning on December 13, 1892, the 312 local representatives met every day for seven days. The object was to “mutually communicate individual experiences of the epidemic, to discuss the lessons which they had taught, and to base upon them a course of action to be taken.”²³² This objective of the 1892 December conference is noteworthy as it bears striking resemblance to the Moscow Plague Commission created by Orlov in 1771. Indeed, the 1892 December conference and the 1771 Plague Commission both illustrate how epidemics promoted an autocratic tsarist government to endorse professional unity amongst physicians.

Other than spatial and intellectual organization, the conference’s decisions also had real effects on local medical empowerment. The most important declaration voiced at the conference was that the local sanitary commissions should remain permanently in force as a “central responsible body” for controlling sanitary and public health issues.²³³ The governmental Medical Department immediately approved this decision, which made the provincial sanitary commissions both permanent and in control of all the financial

²³⁰ Henze, *Disease, Health Care and Government in Late Imperial Russia*, p. 114; Frieden, *Russian Physicians in an Era of Reform and Revolution*, p. 155.

²³¹ Frieden, *Russian Physicians in an Era of Reform and Revolution*, p. 155.

²³² Clemow, *The Cholera Epidemic of 1892 in the Russian Empire*, pp. 103, 104.

²³³ Clemow, *The Cholera Epidemic of 1892 in the Russian Empire*, pp. 105-106.

resources geared towards their respective district's public health. As Henze noted, the local sanitary commissions thus became the "highest institution in the provinces, districts and cities in directing public health measures."²³⁴ Thus, the December conference was more than a unifying event: it also settled the local versus state administrative control issue by placing the power in the hands of local medical commissions. Ultimately, the establishment of the sanitary commissions in June 1892 and the subsequent broadening of their powers in December 1892 institutionalized and empowered local physicians by establishing provincial, financially autonomous, medical corporations through which physicians could enact sanitary and public health measures.

Indeed, local sanitary commissions took advantage of their newly acquired powers. Primarily, medical personnel began to actively disassociate themselves from the bureaucracy, and to construct programs around "the needs and fears of the people."²³⁵ Physicians on the Sanitary Commissions worked to implement "both scientific and educational improvements," rather than coercion.²³⁶ For instance, according to V.G. Korolenko (1853-1921), a Russian writer who described his experience observing the cholera epidemic from a steam liner on the Volga, effective hygiene education (like boiling drinking water) was coordinated and implemented with access to zemstvo schools and the creation of mobile "sanitary detachments, each consisting of one doctor, three paramedics, and three sanitary [personnel]."²³⁷ Interestingly, as recorded in *Vrach* medical personnel utilized religious Orthodox scriptures to get the general population to

²³⁴ Henze, *Disease, Health Care and Government in Late Imperial Russia*, p. 113. For a full list of all the duties of the sanitary bureaus, see Zhbakov, *O deiatelnosti sanitarnykh biuro*, pp. 23-24.

²³⁵ Frieden, *Russian Physicians in an Era of Reform and Revolution*, pp. 151-152.

²³⁶ Frieden, *Russian Physicians in an Era of Reform and Revolution*, p. 156.

²³⁷ V.G. Korolenko, "V kholernyi god" in *Polnoe Sobranie Sochinenii*, tom 3, 369-421 (S. Petersburg: Izdanie T-va A. F. Marks, 1914), p. 393; Frieden, *Russian Physicians in an Era of Reform and Revolution*, pp. 156-158.

follow the doctors' orders.²³⁸ Moreover, medical personnel wrote and published pamphlets for public consumption in an attempt to educate the lay public about daily sanitation techniques. For instance, Professor Mikhail Kurlov, in his 1893 *What is the Cholera... An Instruction for the People*, listed fourteen daily sanitation habits, which included, among others, boiling drinking water, not buying used clothing from an unknown person (who could be selling clothing from a dead cholera victim), not drinking water at anyone else's house, and discarding of human waste in a sanitary manner.²³⁹ Moreover, throughout 1893, the Saratov sanitary commission brought in new medical personnel, organized more effective isolations and accommodations for the sick, purchased domestic and international disinfectants, and gave public lectures about the disease.²⁴⁰ In Tiflis (a Georgian city), infirmaries and increased sanitary supervision improved until the representatives enacting these reforms lost power in 1897.²⁴¹ Interestingly, in 1893, the number of cholera deaths dropped to 38,000 (from the over 200,000 mortality count in 1892).²⁴²

The outcome of these efforts was mixed. In some instances, a trusting relationship developed between the general populace and the medical personnel. Korolenko observed that in the Temernitskii settlement (in the Russian Crimea), the number of cholera victims in July 1892 decreased "thanks to the quick development of trust to the doctors and strictly conducted disinfection."²⁴³ Korolenko further noted that in early July in Sumy (in

²³⁸ *Vrach*, 1892, no. 29, p. 738.

²³⁹ Mikhail Kurlov, *Chto takoe cholera i kak sebja ot neia uberech': nastavlenie dlja naroda* (Tomsk: Tip. I.I. Makushina, 1893), pp. 18-19.

²⁴⁰ Henze, *Disease, Health Care and Government in Late Imperial Russia*, p. 114.

²⁴¹ Ronald Grigor Suny, "Tiflis: Crucible of Ethnic Politics, 1860-1905," in *The City in Late Imperial Russia*, edited by Michael F. Hamm (Bloomington: Indiana University Press, 1986), pp. 271-272.

²⁴² *Vrach*, 1893, no. 50, p. 1,379.

²⁴³ Korolenko, "V kholernyi god," p. 396.

Northeastern Ukraine), “the peasants gladly gave their huts for [the making of the] cholera hospitals, [and] prepared horses for the medical personnel.”²⁴⁴ In another instance, the St. Petersburg zemstvo expressed thanks to all the doctors on the St. Petersburg sanitary commission who managed the work during the fight against the cholera epidemic.²⁴⁵ Another revealing example occurred in a town in the Simbirsk province (now known as Ulyanovsk). The town, initially hostile to any medical aid, changed its mind after the Sanitary Commission explained its goals and patiently waited for the workers to request their aid. In the Tambov province (south of Moscow), a similar story occurred, where patients who were initially reluctant to seek medical attention began to willingly utilize the hospitals. Finally, in Samara, over 100 peasants reportedly gathered on their own to thank the medical personnel who helped them.²⁴⁶

However, changing the perception of the general populace did not occur uniformly. Indeed, riots and violence aimed at the medical personnel continued to occur, even after the formation of Sanitary Commissions and the implementation of educational programs. For instance, in late June 1892 in Khvalynsk (a Saratov province), rioters attacked the residences of the members of the temporary sanitary commission, and even beat to death one of the temporary cholera physicians.²⁴⁷ Moreover, an article published in *The Times* reported a riot in mid-August 1892 in Starobelsk (in present day Ukraine) that destroyed the temporary hospital set up by the local government, “assaulted the doctors, and stopped the process of disinfection which was being carried out in the huts

²⁴⁴ Korolenko, “V kholernyi god,” p. 393.

²⁴⁵ *Vrach*, 1894, no. 4, p. 129.

²⁴⁶ Frieden, *Russian Physicians in an Era of Reform and Revolution*, pp. 156-157.

²⁴⁷ Frieden, *Russian Physicians in an Era of Reform and Revolution*, p. 145.

containing cholera patients.”²⁴⁸ Additionally, the educational attempts to change sanitary behavior did not always fall on attentive listeners eager to reform their daily habits. For instance, Andrew White comically recorded that “the answer of one of the muzhiks [adult male worker] when told that he ought to drink boiled water indicated the peasant view: ‘If God had wished us to drink hot water he would have heated the Neva’ (the Neva being frozen half the year).²⁴⁹ Interestingly, B.V. Vladykin’s 1899 doctoral dissertation noted that the Old Believers in Russia were particularly hostile to the cholera measures, Germans were friendly with the doctors, and the Tartars wavered in the middle of these two extremes. Vladykin believed that “the ignorance, uncleanliness, and *skepticism* of the rural population contributed a lot to the spread of the epidemic” (emphasis added).²⁵⁰ Vladykin, like Tooke and other commentators a century earlier, still found that skepticism and superstition were the main reasons why so many were hostile to medical policies.

Ultimately, though, it is revealing that pockets of trust towards medical personnel were noted at all during the cholera epidemic. Indeed, during the 1770-1772 plague epidemic roughly a century earlier, cooperation, trust, and gratitude among the populace towards the medical personnel were not recorded. The successful implementation of public policies that garnered trust and cooperation with the physicians during the 1892-1893 cholera epidemic is noteworthy in three respects: firstly, the medical personnel were acting as an institutionalized corporative body that was capable of handling a national epidemic; secondly, the physicians were beginning to be viewed as a distinct body of professionals with expertise; and, thirdly, the establishment of friendly relations with the

²⁴⁸ *The Times* (August 17, 1892), p. 3.

²⁴⁹ White, “A Diplomat’s Recollections of Russia,” p. 126.

²⁵⁰ Vladykin, *Materialy k istorii kholernoï epidemii 1892-1895 gg.*, pp. 32, 39.

‘common folk’ legitimized the claim of medical personnel for further gains in autonomy.²⁵¹

Not surprisingly, the newly empowered local sanitary commissions occasionally came into conflict with the zemstvo executive boards (*uprava*). For instance, in 1892 the Saratov *uprava* wanted to abolish the sanitary commission and to keep physicians’ only as advisors to another commission, which prompted eleven doctors to resign in protest. A similar administrative clash occurred in Pokrov County in 1893, which resulted in the resignation of five out of the county’s eleven doctors.²⁵² Despite these local power clashes, the trend was towards greater autonomy and institutionalization. For instance, following the 1892-1893 cholera epidemic, the local sanitary commissions became the foundation for permanent medical councils, which conducted annual meetings and directed medical affairs for the zemstvos.²⁵³ Physicians, taking advantage of their expanded autonomy after the cholera epidemic, began implementing urban sanitary measures, health education policies, and the overall strengthening of medical institutions.²⁵⁴

Thus, although the medical system expanded greatly into the civic sector in the late eighteenth and the late nineteenth centuries, the expansion in the late nineteenth century was marked by substantial gains in autonomy as well. Indeed, the most notable evidence of the medical profession’s position following the cholera epidemic is the fight over the Hospital Statute. The Hospital Statute, scheduled to come into effect on July 1,

²⁵¹ Frieden, *Russian Physicians in an Era of Reform and Revolution*, p. 160.

²⁵² Samuel Earl Allen, Jr., “The Zemstvo as a Social and Civic Regeneration in Russia: A Study of Selected Aspects, 1864-1905” (Worcester: Clark University, 1969), pp. 84-85.

²⁵³ Frieden, *Russian Physicians in an Era of Reform and Revolution*, p. 159.

²⁵⁴ Henze, *Disease, Health Care and Government in Late Imperial Russia*, p. 121.

1895, intended to subject all hospitals “to centrally determined standards.”²⁵⁵ The Statute, supported by I. N. Durnovo (the Minister of Internal Affairs from 1889 to 1895), would transfer the management of city and zemstvo hospitals to the Ministry of Internal Affairs, who would subsequently control hospital supplies, admission policies, hospital architectural planning, and, most importantly, the employment of personnel. Moreover, the Statute would still require local governments to finance their respective hospitals’ improvements, even though they would no longer have any authoritative control.²⁵⁶ In essence, the Statute aimed at reversing the gains in local autonomy following the 1864 zemstvo reform and the 1892-1893 cholera epidemic as it “championed central bureaucratic control over medical care against the *zemstva*.”²⁵⁷ However, the city governments and zemstvo physicians in 1894 led a campaign against the Statute and filed petitions to the Ministry of Internal Affairs. In the end, the petition defeated the Statute, which was shelved for “an indefinite time.”²⁵⁸ Thus, the debate over the Hospital Statute illustrates that the government sought to curb the separate sphere of local autonomy the medical profession had attained following the 1864 zemstvo reform and the 1892-1893 cholera epidemic. However, it also reveals that the medical profession by 1894 was self-sufficient and organized enough to successfully counter the Ministry of Interior—a feat incapable of the medical system in the eighteenth century.²⁵⁹

²⁵⁵ Adele Lindenmeyr, *Poverty Is Not a Vice: Charity, Society, and the State in Imperial Russia* (Princeton, NJ: Princeton University Press, 1996), p. 86.

²⁵⁶ Frieden, *Russian Physicians in an Era of Reform and Revolution*, pp. 166-168.

²⁵⁷ Lindenmeyr, *Poverty Is Not a Vice*, p. 86.

²⁵⁸ Frieden, *Russian Physicians in an Era of Reform and Revolution*, p. 173; Lindenmeyr, *Poverty Is Not a Vice*, p. 86.

²⁵⁹ Frieden, though, puts most of the emphasis on the provincial deputies for the successful campaign against the Hospital Statute (Frieden, *Russian Physicians in an Era of Reform and Revolution*, p. 175).

When cholera returned, though, in 1904 to Russia under the last Tsar, Nicholas II, the government abolished the local medical institutions' autonomy with the creation of an omnipotent, centralized Anti-Plague Commission.²⁶⁰ Indeed, in 1906 alone, local sanitary commissions in six districts closed.²⁶¹ These changes in, and limitations on, medical autonomy, fostered the creation of an increasingly politically radical medical workforce in Russia. In the period between 1900 and 1907, the government investigated 2,076 medical personnel for involvement in revolutionary behavior.²⁶² Thus, the medical autonomy engendered by the 1892-1893 cholera epidemic provided fodder for later clashes with the government, culminating in the politically radical revolutionary involvement of many medical professionals by the early twentieth century.²⁶³

In addition to instigating a vertical redistribution of power, the 1892-1893 cholera epidemic also promoted a horizontally unifying, Western-oriented, scientific discourse among medical professionals in Russia, as did the 1771 plague epidemic. However, the decisive difference in the scientific discourse across these two centuries was the inclusion of statistics. Indeed, under the influence of quantitative scientific movements in the rest of Europe (primarily led by Britain in the 1830s to the 1860s during their own struggle with cholera), statistical and epidemiological study had become a staple of Russian medical tractates by the end of the nineteenth century. Indeed, the use of statistics and epidemiology in Russian medical discourse during and after the cholera epidemics reveals both the Russian medical system's reliance on developments in European

²⁶⁰ Henze, *Disease, Health Care and Government in Late Imperial Russia*, pp. 138-139.

²⁶¹ Zbankov, *O deiatelnosti sanitarnykh biuro*, pp. 29, 66-67.

²⁶² K.I. Gurvich, "Uchastie meditsinskikh rabotnikov v revoliutsionnom dvizhenii v Rossii XIX—nachala XX veka," *Voprosy Istorii* 47, no. 4 (1972), p. 206.

²⁶³ See John Hutchinson's "Society, Corporation or Union? Russian Physicians and the Struggle for Professional Unity, 1890-1913" for more information on physicians' political tendencies in Russia in the twentieth century.

scientific thought and the desire of Russian medical personnel to connect with a set of ideas that lent a degree of credence, expertise, and authority (at least in the Western world).

As expected, the 1892-1893 cholera epidemic became an important topic of discussion at the 1893 Pirogov Congress and 1894 *Vrach* publications. These discussions brought together and unified Russian physicians by creating a common discourse, which included physicians' cholera treatments, quantitative analyses of cholera victims, and experiences dealing with cholera patients.²⁶⁴ Certain *Vrach* articles even included international developments in the fight against cholera, including new sanitary measures and laboratory techniques.²⁶⁵ However, publications on the 1892-1893 epidemic outside of the numerous *Vrach* articles are also revealing. For instance, in 1894, the Moscow zemstvo published a collection of reports, written by doctors on the Moscow sanitary commission, on cholera as it occurred in Moscow in 1893.²⁶⁶ The publication of this collection of reports, itself over 200 pages, represents an increasing awareness of the Moscow physicians as an autonomous corporate body. Each report followed a relatively uniform pattern where each physician traced cholera's path through their district in the city, and concluded with a statistical chart enumerating the number of houses, gender,

²⁶⁴ For instance, the 1893 Pirogov Congress' discussion of the cholera epidemic was published in *Vrach*. This discussion centered on various regional treatments and sanitary measures utilized against the 1892-1893 cholera epidemic (*Vrach*, 1894, no. 2, p. 47-50).

²⁶⁵ Several articles, for instance, discussed the work done at the recent International Sanitary Conference in Paris, which illustrates how the epidemic connected Russian medical personnel to the wider, European scientific community (*Vrach*, 1894, no. 17, p. 511; *Vrach*, 1894, no. 19, p. 568). Another article discussed the morphology and biology of the cholera bacillus (*Vrach*, 1894, no. 51, 1395-1399). Yet another interesting article included pictures of laboratory samples of the cholera bacillus with instructions on how to do cholera lab work (*Vrach*, 1894, no. 4, pp. 107-108). Both of these articles reveal how cholera promoted the use of European contemporary scientific theories in Russia.

²⁶⁶ Moscow City Zemstvo, *отчеты Московских Городских санитарных врачей о заболеваниях азиатскою холерою и острым желудочно-кишечным каторром в 1893 году* (Moska: Gorodskaiia Tipografiia, 1894).

and deaths of cholera that they witnessed. Thus, this collection of reports exemplifies a uniform, epidemiological methodology emerging in response to the 1892-1893 cholera epidemic.

Additionally, several medical personnel published distinct works on the 1892-1893 cholera epidemic. For instance, in 1892, G.N. Arkhangel'skii published a treatise which discussed the cholera epidemics throughout the nineteenth century as they occurred in St. Petersburg (including the 1892 epidemic) in terms of statistics, numbers of doctors per region of the city, and various differences among treatments and methodologies.²⁶⁷ In contrast, two publications intended for public consumption, Dr. Mikhail Lion's 1892 *Cholera* and Professor Mikhail Kurlov's 1893 *What is the Cholera* did not rely on the use of statistics or in depth scientific analysis of the cholera epidemics.²⁶⁸

Finally, B.V. Vladykin's 1899 doctoral dissertation *Material on the History of the Cholera Epidemic 1892-1895* for the Military-Medical Academy in St. Petersburg represents a full 94 page epidemiological study of the 1892-1893 cholera epidemic.²⁶⁹ Vladykin's graphs, maps, charts, and statistics numerically chart the 1892 epidemic through the worst hit regions in European Russia in epidemiological and quantitative detail. Indeed, Vladykin's mortality maps resemble the accuracy and detail found in the mortality maps of the British epidemiologist, Dr Clemow (see figures 2-3). Vladykin's

²⁶⁷ G.N. Arkhangel'skii, *Kholera v Peterburge v prezhnie gody (istoricheskaiia spravka)*, (St. Petersburg: Tipografiia Shredera, 1892).

²⁶⁸ Mikhail Lion, *Kholera: otchego ona proiskhodim, kak rasprostraniaetsia i kak borot'sia s neiu. Obshchedostupnyi ocherk* (Moskva: Universitetskaia Tipografiia, 1892), and Mikhail Kurlov, *Chto takoe cholera i kak sebia ot neia uberech': nastavlenie dlia naroda* (Tomsk: Tip. I.I Makushina, 1893).

²⁶⁹ B.V. Vladykin, *Materialy k istorii kholernoii epidemii 1892-1895 gg. v predelakh Evropeiskoi Rossii* (St. Petersburg: Tipografiia P.P. Soikina, 1899).

dissertation is thus the culmination of the scientific examination of the 1892 epidemic, and reveals a thoroughly Western influenced Russian medical profession.

Chapter 5. Conclusion: Cultural Transfer, Context, and Autonomy

Overall, the formation of the medical system in the eighteenth and nineteenth centuries can be broadly grouped into the movement entitled the “history of cultural transfer,” which aims to demonstrate that “cultures depend on a dialectical process through which indigenous and foreign elements are selectively appropriated.”²⁷⁰ In broad terms, this type of history dispels conceptions of unified national cultures, while illustrating the processes of dynamism and plurality.²⁷¹ For instance, the eighteenth century medical response to the 1770-1772 plague epidemic was characterized by the influence of European medical personnel, treatments, and theories; educational and licensing practices; languages for publication; and Enlightenment and governmental theories (like the ‘well-ordered *Polizeistaat*’). In the late nineteenth century, West European sanitary improvements, epidemiology, and research advancements became central tenets of Russian medical practice in the fight against the 1892-1893 cholera epidemic. I have thus argued that the 1770-1772 plague epidemic and the 1892-1893 cholera epidemic played vital transformative roles in the formation of the Russian

²⁷⁰ Stefan Berger, “Comparative History,” in *Writing History: Theory and Practice*, edited by Stefan Berger, Heiko Feldner, and Kevin Passmore (New York: Arnold, 2003), p. 170.

²⁷¹ Berger, “Comparative History,” in *Writing History*, p. 170.

medical system in a Western framework, but did so because these epidemics were grounded in unique historical contexts.

Indeed, in the eighteenth century, the foundation of the Russian medical system by Peter the Great began by borrowing medical professionals from Western Europe. When Catherine inherited this military centered medical system in 1762, she attempted to mold it into a public welfare structure within the Russian government. Thus, within this historical context, the 1770-1772 plague epidemic becomes a crucial transformative and educational moment for the medical and governmental personnel involved, including Catherine herself. Indeed, the 1771 Plague Commission, the riots against the anti-epidemic policies, Catherine's 1775 *Guberniia* Reform, and the non-Russian language plague tracts (as well as the first Russian plague tract) illustrate how the plague epidemic played a vital role in the formation of the Russian medical system. However, these responses illustrate how the medical system was still under the guidance of the central government.

In the late nineteenth century, the importance of the 1892-1893 cholera epidemic's on the medical system emerges out of its occurrence in the era following the zemstvo reform. Indeed, a degree of medical autonomy was already established in Russia before 1892, inaugurated by the zemstvo reform and supported by the popularity of *The Physician* and the Pirogov Society. However, the zemstvo medical establishments, although hailed by physicians as progressing in the right direction, were far from having recognized, uniform, and stable autonomy, which ultimately emerged in response to the 1892-1893 cholera epidemic. In comparison with the 1770-1772 plague epidemic response, the calling of the December 1892 cholera conference, the rise of fully

autonomous district sanitary commissions, the emergence of pockets of trust with medical personnel, and the development of quantitative epidemiological cholera publications all legally transformed, empowered, and institutionalized the medical system into a medical profession: one which was also becoming popularly supported as a field of trusted experts.

Finally, comparing the development of the Russian medical system across the eighteenth and nineteenth centuries amends a critical blind spot in Russian medical historiography. Not only does the comparison present the formation of the medical system in Russia as a single, connected narrative, it also highlights connections and differences across time that are lost when the two centuries are examined separately. Ultimately, then, the comparative nature of this study is justified because the process offers a unique—singular—portrait of the history of the medical profession in Russia, and provides novel insights into its formation—such as transformations in autonomy, the consequences of epidemics, and the importance of popular opinion.

Fig. 1: B.V. Vladykin's epidemiological 1892 monthly cholera mortality chart (May-December).
Materialy k istorii kholernoii epidemii 1892-1895 gg. (1899).

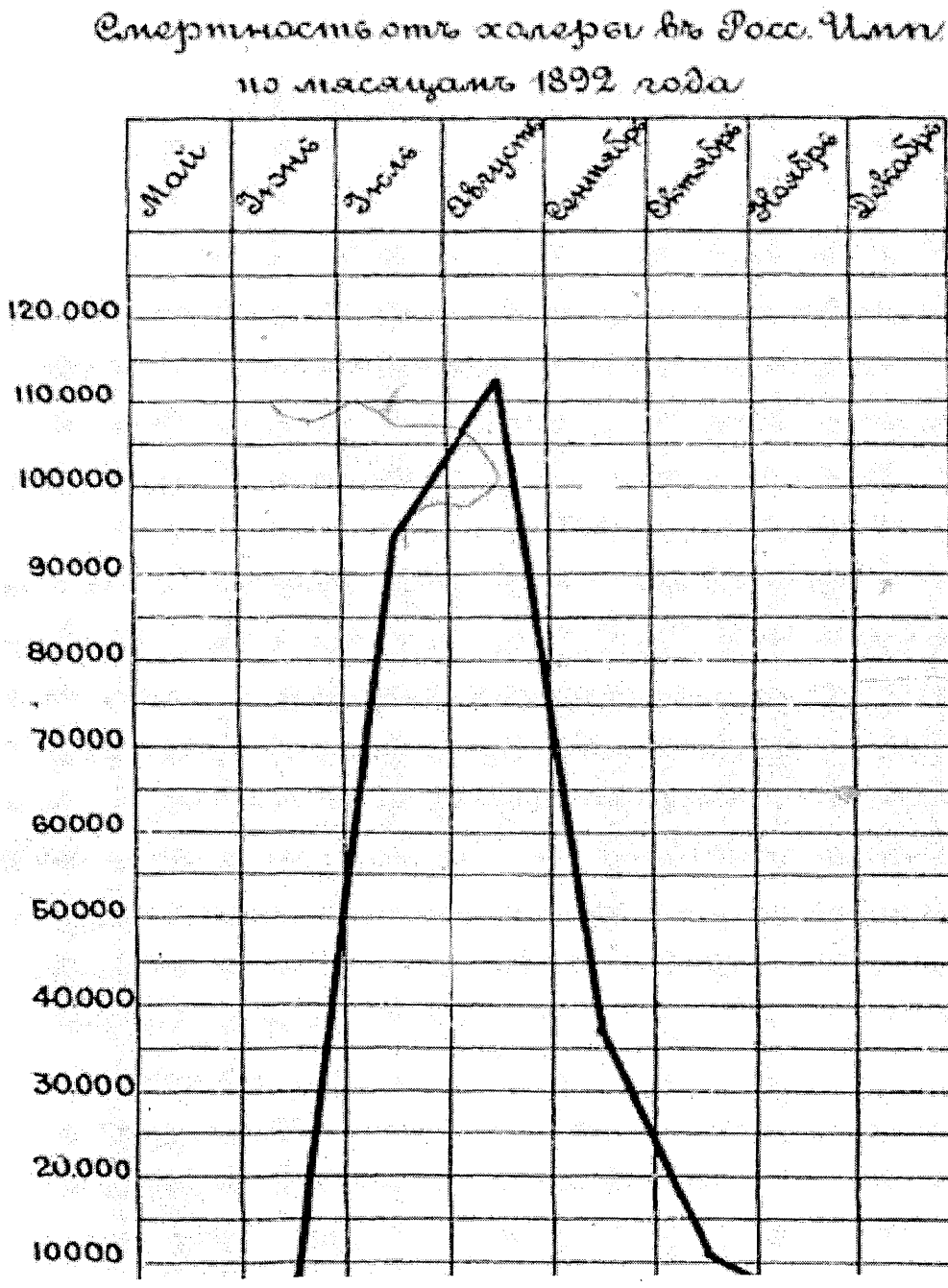


Fig. 2: B.V. Vladykin's epidemiological map of the 1892 cholera epidemic in European Russia. *Materialy k istorii kholernoj epidemii 1892-1895 gg.* (1899).

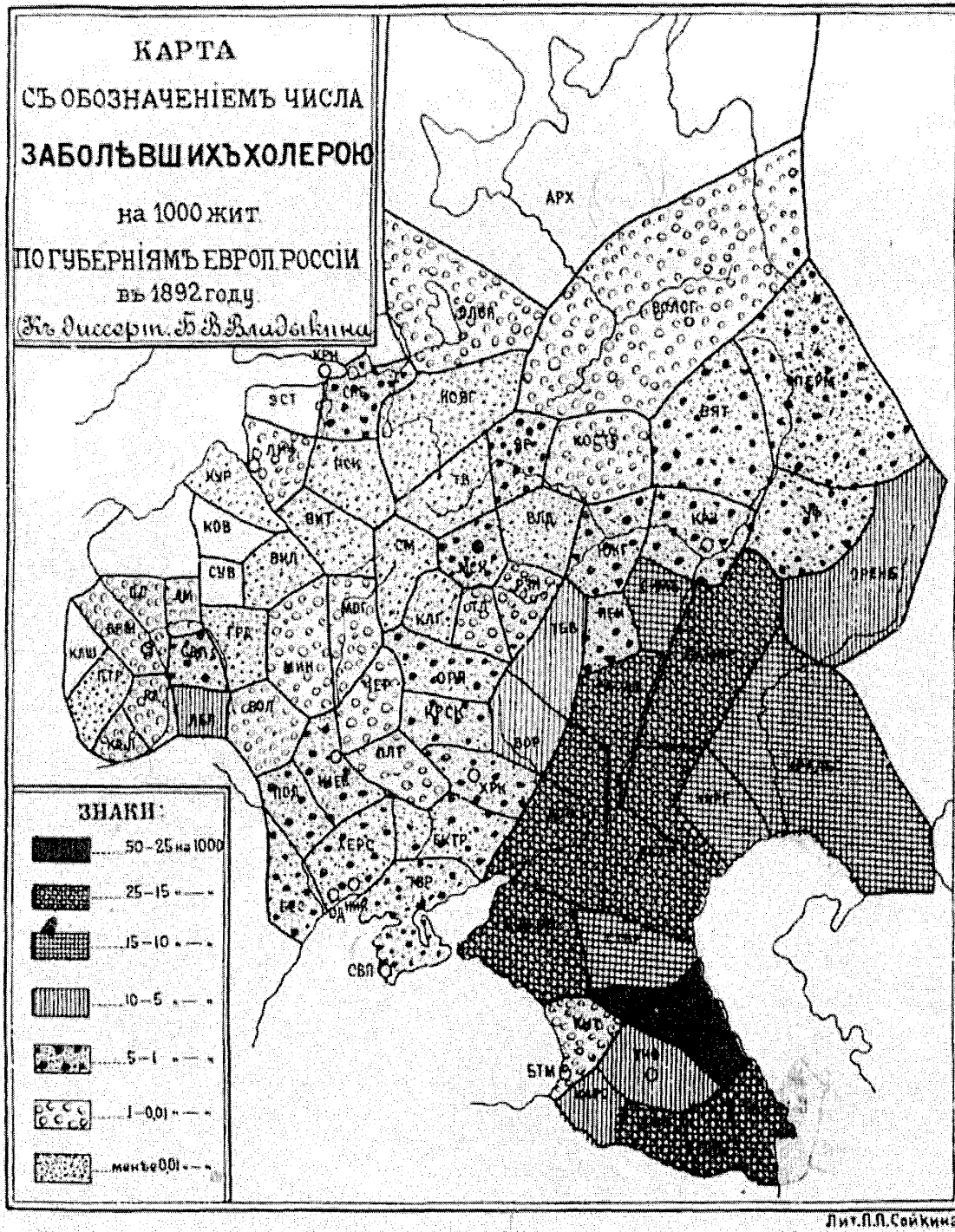


Fig. 3: Frank Clemow's epidemiological map of the 1892 cholera epidemic.

The Cholera Epidemic of 1892 in the Russian Empire (1893).

MAP OF RUSSIA, TO ILLUSTRATE THE DISTRIBUTION OF THE EPIDEMIC OF CHOLERA.



The shading represents a varying ratio of cases of cholera per 100,000 of population. The figures refer to the table on pages 36 and 37, where the names of the corresponding governments and provinces will be found.

(In the government of Yaroslavl (25) the shading has been inadvertently omitted. It should have indicated between 100 and 500 cases per 100,000 inhabitants.)

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