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Westernized medicine was imported into the Russian Empire primarily for the needs of the state, thereby informing early modern structures of discipline and monitoring of an imperial body. But how specifically was this imperial body imagined, constructed, and approached? How did Russian physicians in the state service view the imperial territory? Why were the streets of the capital cities, the remote *uezds*,¹ or frontier zones of colonial interest and expansion described in detail? These were the starting points for the Russian-German research project “On Land and Sea: Medical Geography in the Russian Empire (1770–1870),” led by Elena Vishlenkova and Andreas Renner, which resulted in this monograph.

The project participants chose to explore the role and functions of Russian state medicine, as well as the values and ideologies of its practitioners, through the lens of medical geography both as a theory of health and the environment and as an instrument of imperial medical knowledge embodied in topographical descriptions (medical topographies). Imperial space, the authors argue, served as a matrix for the institutions of medicine. This approach construes medical geography as a specific imperial discipline that was flexible enough to bridge early modern humoral pathology and the much later bacteriological model (p. 13). At the same time, the initial goals of the project were to disentangle not the history of medical institutions but rather the practices that implemented the Russian program of medical geography (p. 21). By tracing medical imaginaries of space over the span of a hundred years and analyzing multiple medical-geographical instruments of power making and power representation, the volume contributes both to the study of Russian history and to the broader medical humanities. In this regard, the project and the resulting book invite scholars to delve deeper into a vast corpus of medical writings that can give nuance to and complicate our understanding of the imperial past.

The book is the result of a collective effort: Its chapters are coauthored by seven project participants (Elena Vishlenkova, Andreas Renner, Anna Afanasyeva, Zarina Gatina, Elena Lisitsyna, Vladislav Yakovenko, and Sergey Zatravkin). Attempting to decentralize their research program, the authors build their narrative on documents from both the former imperial peripheries (Astrakhan, Vladivostok, Vilnius, Riga) and centers (Saint Petersburg, Moscow, Kazan', Nizhniy Novgorod). They also manage to discover rare evaluations (*attestatsionnoe delo*) of medical candidates that include personal documents and thus help grasp the minutiae of medical service (pp. 98–99). The

¹ *Uezd* was a prerevolutionary county-like administrative unit in the Russian Empire.

chosen chronological framework (1770–1870), however, seems somewhat artificial: The authors wanted to focus on an understudied pre-reform period and leave both *zemstvo* medicine, the public health institution within a system of local self-government implemented after 1864, and the rise of bacteriological theory outside the scope of their book, although a significant number of medical topographies from the late nineteenth century are worthy of a proper commentary. In fact, throughout the book, the authors follow the logic of their more specific research questions, speculating on both earlier and later phenomena.

In turn, an introduction sets the research questions and provides the reader with an overview of how *medical geography* was discussed by Soviet historians. This is where the main claim is made: The authors state that they sought to analyze the imperial foundations of Russian medicine, but found a more interesting answer by showing how it became national (p. 24). Next, it was not the Russian state that expressed an a priori interest in medical-geographical accounts but European naturalists in the Russian service (p. 22). Both claims would certainly benefit from further specification: For example, a more detailed commentary on the intertwining of imperial and national elements of the Russian medical profession, as well as a thorough analysis of how this keenness for medical geography was negotiated and inculcated, would be very helpful.

Thematically, the book is organized around three axes, which are discussed in three corresponding sections. Together, they reveal the specific political conditions for research in Russian medical geography, the epidemiological theories of environment that fueled such research, and the heterogeneity of imperial medical enterprises on the ground.

The first section sets the stage by discussing the infrastructures of medicine and science, such as the state bureaucracy, the maritime quarantines, and the professional networks that both demanded and produced the medical-geographical knowledge of the Russian Empire. This is the most traditional part of the monograph, which, through a meticulous account of hiring and recruitment procedures, sheds light on how the medical infrastructure functioned in a situation of structural deficiencies, institutional tensions, and local shortages. These shortages, in fact, paved the way for the gradual transformation of Russian medicine from an international to a (more or less) national one. Local graduates whom the state chose to recruit were more affordable, dependable, and obedient than foreigners. The former were also more familiar with Russian everyday life, which determined their performance as medical topographers. Tensions arose from the less-than-streamlined subordination of Russian physicians to the state, whose three ministries—of education, interior, and war—were preoccupied with medical knowledge (p. 101), with military interests often taking precedence over civilian needs. This fact explains why requests made by the Ministry of War for proper medical topographies were readily met. On the contrary, while the Ministry of Education tried to increase the number of medical degrees and urged local medical topographers to turn their reports into dissertations, they were too overwhelmed to do so.

Two adjacent chapters, on maritime quarantines and on networks of physicians, comment on the international and national exchanges of knowledge that made it possible to position an imperial body globally and to communicate the principles of medi-

cal geography to local authorities. The section also confirms the general argument about the close kinship between learned medicine and European modernity by showing how the development of the state bureaucracy during the reign of Tsar Nicholas I gave a new impetus to the Russian medical profession. Additionally, the section presents learned medicine as a field discipline, which efficiently exposed physicians to rich local data (pp. 105–112). In contrast, professional associations were largely driven by political liberalization and the missionary ethos of the *zemstvo*: The last chapter of the first section shows how few medical associations existed in the first half of the nineteenth century and how they expanded into a dense network after 1861 (p. 115). The authors have also mapped the professional networks of the Vilna and Kazan' medical societies (these data, as well as the number of members, could be better presented in tabular form rather than in descriptions; pp. 122, 124–125).

The second section focuses on medical theories of space and environment, linking conceptualizations of diseases with their representations in medical topographies, statistical materials, and maps. The opening chapter comments on the environmental paradigm in Western medicine from Hippocrates to the idea of the “epidemic constitution” coined by the neo-Hippocratic Thomas Sydenham and to the quantitative approach to disease. Further, the chapter examines the theory of hot climates, which served as a precursor to tropical medicine (pp. 148–162). A nuanced language of medical topography, as well as an encompassing program of surveying, was developed in the eighteenth century by the German physician Leonhard Ludwig Finke. Finke was inspired by the program of medical police (*medicinische Polizey* in German) developed by Johann Peter Frank in the 1770s; the authors discuss the latter, but do not comment on this revealing connection. This chapter lays out the central premises of imperial medical geography, so it would have probably been worthwhile to place it closer to the beginning of the book.

The next two chapters analyze methods of reading the environment and making it accountable, namely medical topography (*mediko-topograficheskoe opisanie*) and statistical tables and maps. These central parts of the project provide a detailed account of a genre produced and relied upon by medical geography as a scientific field. It was shaped by the Sydenhamian “epidemic constitutions” and Frank’s program of medical policing. Other contexts could be added, too, such as German cameralism or the imperial tendency to catalog and inventory for more efficient administration. Beginning with the eighteenth-century medical topographies by two foreigners in the Russian service, Scottish doctor William Hewitt (1755) and Prussian military doctor and naturalist Johann Jacob Lerche (1764), the chapter shows how the state attempted to obtain more topographies from army doctors and city physicians by issuing instructions, forms, and letterheads (pp. 165–176). These attempts were met with skepticism by an understaffed medical profession until the medical infrastructure of the empire became dense enough for physicians to see a medical topography as a chance for career advancement (pp. 186–188). Nevertheless, the authors come to the intriguing conclusion that state bureaucrats were mostly unable to translate the practical knowledge provided by medical servitors into decision-making (p. 214).

The final chapter in this section asks how medical statistics and epidemiological maps were read by contemporaries (p. 216). Once again, under Nicholas I, statistical

knowledge gained an authoritative status and was seen as more objective than previous “qualitative” assessments. This observation illuminates the rise of numbers as verifiable knowledge, which eventually became an instrument of bureaucratic efficiency. With an introduction of a new object, the population, along with the concept of public health (*narodnoe zdravie*), statistical thinking also reshaped the formula of medical service density, from the ratio of doctor per administrative unit to the ratio of doctor per patient (p. 235).

The third and final section of the book explores the medical management of colonies and peripheries. Four case studies reveal the interaction of medical-geographical principles with local conditions. The section opens with health care in the province of Vilna and neighboring regions, which the Russian Empire acquired because of the Third Partition of Poland in 1795. By discussing its relative bureaucratic independence, the chapter shows that until the Polish Rebellion of 1830–1831, the region was not a colonized periphery but another imperial center of knowledge production. In particular, the authors examine the medical writings of Joseph Frank, son of Johann Peter Frank, who was not only an organizer of the Vilna Medical Society but also a medical topographer who commented on natural and anthropogenic factors of morbidity (p. 263). The chapter on the Kazakh Steppe (or Kyrgyz Kaisak Steppe in earlier documents) presents a crash test of Western theories of hot climates as applied by Russian military medicine. Observational data from the steppe, which was a staging ground for the Russian colonial expansion to Central Asia, did not fit seamlessly into this theoretical framework, so it was quite late that they were introduced into the professional discussion. Since the main causes of mortality among Russian soldiers in military garrisons along the steppe were anthropogenic (p. 294), the question arises as to whether doctors actually avoided blaming the imperial infrastructures of power (garrisons, prisons, long military expeditions) and instead attributed the causes of diseases to the human body and natural conditions.

Two final chapters deal with Russian naval medicine, which historians have so far discussed mainly in its institutionalized aspects. The first of these chapters focuses on how medical geography and especially French naval experience in the Caribbean and West Africa helped to impose imperial order at sea (p. 317); the second presents the case study of scurvy against the backdrop of Russian seafaring in search of the North-east Passage. Both contrast tropical medicine and cold climate medicine and show the impact of medical-geographical ideas on equipment, choice of priorities, and prophylaxis. Both chapters also emphasize the entanglement of economic rationales and technologies, such as fumigation with carbolic acid or the construction of icebreakers, with the medical ideologies and patterns of medical attention that these ideologies supported.

The book lacks a proper conclusion that would sum up the ideas and findings of these three sections. Nevertheless, it has succeeded in providing both a comprehensive overview and rich case studies and in promising further fascinating expeditions in the field of medical geography. It shows how fruitful this field is for a scholar who wants to delve into the history of vernacular knowledge, Russia’s place in the European republic of letters, the center-periphery debate, governmentality, or imperial rivalries.