

РЕЦЕНЗИИ

Medical Geography and Civil Society in the Russian Empire

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In the intellectual construction of empires in the eighteenth and nineteenth centuries, one of the principal building blocks was medical geography. A discipline located at the boundary of medicine, ethnography, sociology, and geography, medical geography devoted itself to understanding the social and environmental factors that neo-Hippocratic medicine thought determined public health. Thanks to *A History of Medicine and Medical Geography in the Russian Empire*, co-written by a team of researchers under the direction of E. Vishlenkova and A. Renner, there exists for the first time a study of the role played by medical geography in the development of the Russian Empire. The book begins by discussing what it calls the infrastructure of Russian medico-geographic research: the top-level medical agencies, the system of Baltic maritime quarantines, the training and career paths of physicians, and the development of medical associations. Then it examines the findings of medico-geographic researchers, discussing the climate theories of early modern European medical thinkers and the development in Russia of the three principal forms of medico-geographic writing — statistics, mapmaking, and narrative “medico-topographical descriptions”. The final section offers a series of case

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studies from spaces as diverse as Lithuania, the Kazakh steppe, the Arctic shipping route, and global voyages of the vessels of the imperial Russian navy. Systematically placing Russia in the comparative framework of European empires and alternating in its perspective between St Petersburg and distant frontiers, the book explores how medical geography and its practitioners connected Russia with Europe and helped simultaneously to form the imperial state, the Russian nation, and a nascent civil society.

Keywords: medical geography, empire, civil society, medical profession, frontiers, statistics, mapmaking, public health.

Медицинская география и гражданское общество в Российской империи

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Медицинская география представляла собой один из ключевых блоков интеллектуальной среды европейских империй XVIII–XIX вв. Эта дисциплина располагалась на стыке медицины, этнографии, социологии, географии и была направлена на понимание как естественных, так и природных факторов, которые, по мнению неогипократической мысли, определяли общественное здоровье. В 2021 г. коллектив авторов под руководством Е. Вишленковой и А. Реннера провел первое исследование роли, которую играла медицинская география в Российской империи. Результаты нашли отражение в коллективной монографии «История медицины и медицинской географии в Российской империи», анализу которой посвящена представленная рецензия. Книга начинается с того, что принято называть инфраструктурой российских медико-географических исследований. Речь идет о привилегированных медицинских учреждениях, системе балтийских морских карантин, образовательной структуре, траекториях карьеры врачей и вопросах развития медицинских организаций. Далее рассматриваются выводы специалистов по медицинской географии. Затрагивается сюжет о климатических теориях европейских мыслителей в области медицины в Новое время, а также проблема развития в России трех основных видов медико-географических источников: статистических, картографических и нарративных медико-топографических описаний. Заключительный раздел предлагает серию кейс-стади из различных территорий, таких как Литва, казахская степь и арктический морской путь, а также из практики международных экспедиций кораблей Императорского морского флота России. Систематически помещая Россию в сравнительные рамки европейских империй, сочетая наблюдение за столичными городами с изучением дальних рубежей Российской империи, авторы исследуют, как медицинская география и ее повседневные практики, с одной стороны, связывали Россию с Европой, а с другой — способствовали формированию имперской государственности, российской нации и развитию зарождающегося гражданского общества.

Ключевые слова: медицинская география, империя, гражданское общество, медицинская профессия, границы, статистика, картографирование, здравоохранение.

Anyone who studies the history of the empires in the eighteenth and nineteenth centuries, will, sooner or later, come into contact with medical geography — scientific texts that describe a city, region, or other locality from the perspective of its effects on human health. Like all sources, though, they have a history of their own, and only if we know

that history, can we make the most of the insights they offer. Until recently, the history of medical geography in imperial Russia was largely terra incognita. Now, however, that lacuna has been filled by a pioneering work of scholarship on the period from the early eighteenth to the late nineteenth century: the collective monograph *Istoriia meditsiny i meditsinskoi geografii v Rossiiskoi imperii*, written by a team of scholars headed by Elena Vishlenkova and Andreas Renner¹.

The writings of medical geographers are important to historians for two reasons. First, they are outstanding guides to the realities of the past. Before the triumph of germ theory, medicine operated in a neo-Hippocratic framework that taught that disease was caused in large measure by the physical environment; as a result, medical geographers wrote about the houses people inhabited, the streets in which they walked, the foods they ate, the smells they inhaled, and just about every other aspect of everyday life that would also interest a historian. Scholars have therefore long been in the habit of mining this material for evidence about how people in past centuries lived. Twenty years ago, when I was working on the history of pre-Reform Moscow, it occurred to me that I had no idea how people went to the bathroom. I found the answer in the “sanitary reports” about different neighborhoods that the city government published in the 1870s². To this day, I wish I could forget some of what I learned then about preindustrial sanitation.

The second reason why medical geography is historically interesting is what it tells us about culture, science, and power. Medical geographers helped to popularize new ideas about countries, peoples, classes, and races, and their arguments were influential in the construction of modern states and colonial empires. In the history of Western Europe, this aspect of medical geography has been the subject of scholarly research. One area of historical research in which medical geography plays a prominent role, and that is discussed at length by Vishlenkova and Renner, is the construction of colonial empires. Two other areas, more familiar to me from my own past research, are the connections of medical geography with the pessimistic vision of urban society that became increasingly prevalent in Great Britain and France between the Napoleonic Wars and 1848³, and the nexus of science, governmentality, and social disciplining that was placed on the historian’s agenda by the works of Michel Foucault⁴.

Over the past thirty years, thanks to the steady internationalization of scholarship, an interest in these connections between culture, science, and power has entered the historiography of imperial Russia as well. Topics that have been explored include, for example, the rise of ethnographic and anthropological thinking in Russia, the cultural construction

¹ *Istoriia meditsiny i meditsinskoi geografii v Rossiiskoi imperii* / eds E. Vishlenkova, A. Renner. Moscow, 2021. — The other authors are A. E. Afanas’eva, Z. S. Gatina, E. A. Lisitsyna, V. A. Yakovenko, and S. N. Zatravkin. One of the rare previous books on this subject is: *Bogdanov K. A. Vrachii, patsienty, chitateli: Patograficheskie teksty russkoi kul’tury XVIII–XIX vekov*. Moscow, 2005.

² A series of medical reports (*sanitarnye otchety*) about the districts (*chasti*) of Moscow appeared in 1878–1879 in *Izvestiia Moskovskoi Gorodskoi Dumy*.

³ Lees A. *Cities Perceived: Urban Society in European and American Thought, 1820–1940*. Manchester, 1985. P. 17–22, 26, 69–71; *Hacking I. The Taming of Chance*. Cambridge, 1990. P. 64–72; *Hunt T. Building Jerusalem: The Rise and Fall of the Victorian City*. New York, 2005. P. 13–16.

⁴ *Coleman W. Death is a Social Disease: Public Health and Political Economy in Early Industrial France*. Madison, 1982. P. XV–XVI; *Pinol J.-L. Le monde des villes au XIXe siècle*. Paris, 1991. P. 46–47; *Hamlin C. Public Health and Social Justice in the Age of Chadwick: Britain, 1800–1854*. Cambridge, 1998. P. 14–15; *Dodd N. Social Theory and Modernity*. Cambridge, 1999. P. 93–95.

of sensory perceptions, and ideas about a national landscape, climate, and cuisine⁵. In these and other areas, fruitful work has been done to integrate imperial Russia into the historiography on Europe and the Americas, with great benefits to both sides. In *Istoriia meditsiny i meditsinskoï geografii*, Vishlenkova, Renner, and their collaborators bring medical geography into this border-crossing history of the construction of empire and modernity. Written by a team of scholars based in Russia and Germany, funded by grants from the Russian Science Foundation and the German Research Foundation, and supported by a rich body of Russian and Western sources and historiography, this book is itself a testament to the great possibilities of international scholarly cooperation.

As the introduction explains, this is not an intellectual history of medical geography as a scientific discipline, but a study of its role in the building of the medical profession and the empire: medical geography, the authors write, helped to build Russia's empire "not by diagnosing people, but by diagnosing the empire itself, by studying its natural and social landscapes and their influence on the inhabitants"⁶. A dual character inhered in medical geography from its inception in early modern Europe, since a knowledge of the land and its inhabitants served the needs of both neo-Hippocratic medicine and the state. In exploring its connection with the empire in the context of Russia, the book breaks new ground. A literature on this subject exists for West European empires, but historians have avoided including Russia in such studies because it was not a colonial empire of the West European type. Making a virtue of Russia's distinctive character as an empire that lacked a clear boundary between the metropole and the colonies, the book focuses especially on medical geography's role in "the many-leveled contact zones, both physical and metaphorical, where the representatives of the imperial center interacted with local cultures and created new ways of knowing and imagining the empire that they served"⁷.

The book is a team project, in the best sense of the word. All the chapters are co-written, but they are unified thematically and speak with one authorial voice. Occasionally, perhaps reflecting the team's division of labor, topics of seemingly lesser and greater importance are given equal treatment. However, a big advantage of the team approach is the ability to use a massive variety of sources, including publications in a broad variety of languages and archival materials from the Russian Empire's capitals, its interior, and its western and southeastern borderlands. The authors discuss not only the various relevant historiographies but also the state of the archival sources, making this book a useful resource for future researchers.

The book is divided into three broad thematic sections. The first examines how medico-geographical research was organized. Who produced it, and why did they learn more about some places than others? To answer those questions, the book's first section describes what it calls the infrastructure of Russian medical research: the central agencies in charge of medical affairs; the system of maritime quarantines; the networks of local

⁵ Vishlenkova E. *Vizual'noe narodovedenie imperii, ili "Uvidet' russkogo dano ne kazhdomu"*. Moscow, 2011; Mogil'ner M. *Homo imperii: Istoriia fizicheskoi antropologii v Rossii*. Moscow, 2008; Romanello M., Starks T. *Russian History through the Senses: From 1700 to the Present*. London, 2016; Lapin V. V. *Peterburg: Zapakhi i zvuki*. St Petersburg, 2007; Ely C. *This Meager Nature: Landscape and National Identity in Imperial Russia*. DeKalb, 2002; Herzberg J., Renner A., Schierle I. *The Russian Cold: Histories of Ice, Frost, and Snow*. New York, 2021; Smith A. *Recipes for Russia: Food and Nationhood under the Tsars*. DeKalb, 2008.

⁶ *Istoriia meditsiny i meditsinskoï geografii v Rossiiskoi imperii*. P. 9.

⁷ *Ibid.* P. 14.

physicians; and the medical societies and publications that connected those physicians with each other. As is the case throughout the book, the approach to these topics is not generalizing, top-down, and institutional; instead, the goal is to understand the diversity of the empire and how the concrete individuals who composed the medical profession interacted with the conditions of their localities.

If medical geography became more than just the hobby of a few individuals, it was because the central agencies that employed most of Russia's medical personnel regarded such research as an important state priority. The authors trace these central agencies' evolution, particularly the shift from the collegial to the ministerial system and the division of roles between the interior, war, and education ministries. The persistent structural issues facing these agencies will be familiar to anyone who studies imperial Russia: the interaction between Russian-trained physicians and foreigners (who were often accorded higher status); the priority given to military over civilian medicine; the tension between the regime's effort to inspire doctors with a sense of professionalism and its habit of treating them as cogs in the bureaucratic machine; and the impossibility for understaffed, underpaid, overworked local physicians to meet all the various demands of local and central officials, among which was the writing of medical geographies of their regions. The arc of the medical system's chronology, too, is one familiar from other aspects of pre-Reform Russian history: first, in the eighteenth and early nineteenth century, foreigners played leading roles, administrative arrangements were in flux, and coordination between the center and the localities was weak; then, under Nicholas I, the system achieved a certain maturity, and we see the emergence of both an effective bureaucracy and an organized medical profession. The widely made argument that the modernizing bureaucracy and nascent civil society of the Great Reforms era had its origins in the reign of Nicholas I thus finds confirmation in the history of the empire's medical institutions⁸.

Another element of Russia's medical-information infrastructure was the system of quarantines. A short chapter is devoted to the specific case of the Baltic maritime quarantines. To enter the Baltic, ships arriving from ports around the world had to squeeze through the Danish straits, where they had to undergo a quarantine and pay a fee to the Danish government. Once cleared, they could proceed freely throughout the Baltic. In the early nineteenth century, other states challenged this system, which relied on easily forged quarantine certificates and made money only for the Danes. As Russia tried to develop its own quarantine regulations, it exchanged information with foreign states about disease outbreaks in distant ports, and by this communication mechanism it constructed a conception of Russia's place in relation to the medical danger zones of the wider world.

The infrastructure for producing information on medical geography involved not only administrative agencies and communication mechanisms but also a social process: the creation of a cadre of physicians. This is the subject of the book's third chapter. Until the early nineteenth century, many physicians were foreigners. This created administrative headaches: recruiting them was difficult; foreign university documents did not always match Russian licensing requirements; and some foreigners had to be given high service

⁸ Werth P. 1837: *Russia's Quiet Revolution*. Oxford, 2021. P.200–202; Smith-Peter S. *Imagining Russian Regions: Subnational Identity and Civil Society in Nineteenth Century Russia*. Leiden, 2018. P.60–61; Andreeva T. V. *Na dal'nikh podstupakh k Velikoi reforme: Krest'ianskii vopros v Rossii v tsarstvovanie Nikolaia I*. Issledovanie i dokumenty. St Petersburg, 2019. P.124–133; Vyskochkov L. V. *Nikolai I i ego epokha: Ocherki istorii Rossii vtoroi chetverti XIX veka*. Moscow, 2018. P.928–930.

ranks because of their academic credentials even though they had no practical experience of Russian conditions. In my own research, I have looked at the hiring of Lutheran clergymen for the German colonists in New Russia, and been struck by how hard it was — and how much direct involvement by top imperial officials was required — to recruit just a small number of foreign pastors⁹. It was evidently the same with doctors.

Here, too, the first half of the nineteenth century was a turning point. The expansion of the Orthodox Church's education system created a large pool of seminary graduates who could be recruited for Russia's expanding system of medical schools. Scholars have made the argument about the importance of sons of clergymen for the formation of the Russian intelligentsia¹⁰; the growth of medical profession illustrates this phenomenon. Physicians were licensed to practice medicine once they graduated from medical school, but to earn a doctoral degree (which entitled them to a higher rank and better pay), they needed to write a dissertation that was based on their medical work in the locality to which they were assigned. The consequence was that in the 1830s–1850s, the study of local medical conditions went from being a sporadic personal initiative by foreigners in Russian service to being a widespread practice by Russian-born physicians.

The final piece of Russia's medical infrastructure was the network of professional associations that arose in the nineteenth century and that made the study of local medical conditions one of their principal missions. Their growth tracked the wider professionalization and nationalization of Russian medicine as well as the rise of a civil society in Russia. The associations that were established in the first half of the century were few in number (11 in total), and most were either located in the western borderlands or formed by ethnic German doctors after the model of medical societies in Germany. The German doctors thought of themselves as Russia's medical elite, and were quite isolated from the mass of doctors who were Russian and held lower social and professional status. A few associations of Russian physicians were founded under Nicholas I, but the movement really took off in the age of the Great Reforms, when 54 associations were founded in the Russian interior and across the empire. Starting in the 1860s, they increasingly sought contact with each other, in a process that culminated in 1883 in the creation of an all-Russian organization, the Pirogov Society, that saw itself as the coordinating body of the entire medical profession. These societies sought to support the government with useful medical knowledge, to create a full medical vocabulary in the Russian language, to free Russian medicine from its cultural subservience to the West, to spread civilization among the Russian masses, and in general to become independent partners of the state in a Russian nation-building project.

Having described the “infrastructure” of medico-geographic research, the authors move on, in the book's second section, to the research itself. Once more, their approach emphasizes the internal diversity of the empire and Russia's integration into border-crossing scientific networks.

The ideas of European medicine about health and geography form the subject of this section's first chapter. The ancient theories of Hippocrates, which regarded the climate and the physical environment as key determinants of human health, guided European medical

⁹ *Martin A.* From the Holy Roman Empire to the Land of the Tsars: One Family's Odyssey, 1768–1870. Oxford, 2022. P. 251–253.

¹⁰ *Manchester L.* Holy Fathers, Secular Sons: Clergy, Intelligentsia, and the Modern Self in Revolutionary Russia. DeKalb, 2008. P. 4.

thinking well into the nineteenth century. A question that gained particular salience when West Europeans colonized the tropics was the supposedly pathogenic nature of countries with hot climates. Arguing that this question has received insufficient attention from scholars, the book offers an extended history of early modern medical ideas about “hot climates”. This section makes a contribution to the larger history of medicine, although I wasn’t sure it was necessary for a history of medical geography specifically in Russia; perhaps collaborative work by a team of researchers led, in this instance, to a certain loss of thematic focus.

The next chapter, which is really the heart of this section of the book, offers a history of the main type of text produced by medical geographers: the medico-topographical description (*mediko-topograficheskoe opisanie*). The writing of medico-topographical descriptions originated in eighteenth century Europe, particularly France, when neo-Hippocratic medicine combined with medical police (which saw the state as responsible for its subjects’ health) created a novel practice in which medical authorities gathered information about their country by sending standardized questionnaires to local doctors and devising uniform instruments and protocols for measuring meteorological and other natural phenomena.

In eighteenth century Russia, where there was little medical infrastructure at the local level, such research was mostly limited to the individual initiative of a few foreign-born doctors. Only under Alexander I did the government start promoting it on a large scale. At first, it was the familiar story of Russian state-building during this period: top-level imperial officials pursued ambitious goals — in this case, that local doctors should write extensive research reports about their region as well as compile annual statistical surveys — and drafted minutely detailed instructions that overburdened local personnel could not possibly carry out. As in other areas of Russian life, a shift occurred under Nicholas I and especially in the Great Reforms era: the local medical corps grew in numbers and capabilities, and its members began to see the study of their region not just as a burdensome state obligation but as a patriotic service to the nation. As a result, the production of medico-topographical descriptions took off. Some were written by local physicians as doctoral dissertations. Others were by army physicians who legitimized imperial expansion and helped form the imperial imaginary with their descriptions of the exotic lands and backward peoples of Russia’s periphery. Lastly, still others were composed at the initiative of local medical associations; the book specifically examines the work of the associations in Warsaw, Kazan’, and Nizhnii Novgorod. The practical results of medical research were mixed, as the book shows in a detailed case study of discussions among local physicians, bureaucrats, and business interests under Nicholas I on ways to improve the water quality in Astrakhan’. As a social and cultural phenomenon, however, this research helped to build the empire, the Russian nation, and an organized, self-conscious medical profession.

The final chapter in the section on medico-geographical research is about statistics and maps — not the medical realities they described, but what they tell us about their authors. As in the book’s other chapters, the authors start with a transnational history of the subject. A variety of considerations — such as a desire to improve society’s well-being (Great Britain), to reveal the character of the nation (France), to prove the nation’s greatness (the USA), or to improve the state administration (everyone) — drove Western countries, especially from the 1830s on, to treat statistics as a key source of knowledge about society. In Russia, the demand for statistical data came from the top echelons of the

government, which regarded numerical data as key to efficient governance. Under Nicholas I, numbers increasingly replaced verbal assessments as the measure of performance across a wide range of activities: not only in medicine, but also, for example, in education.

The turn to statistics, and also the increasing representation of illness in cartographic form, had various consequences. The data collected were too limited and unsystematic to serve as effective guides for public policy, and, in a dynamic that remains familiar today in many fields besides just medicine, the emphasis on numbers pushed doctors to focus on meeting quantitative targets at the expense of the more intangible aspects of their work. On the positive side, the growth of statistics and mapmaking affected the collective imaginary by teaching physicians to think about society in broader, more comprehensive ways. Like other developments in the nineteenth century medico-geographic research, data and maps did little to improve people's health but much to foster a strong state and a nascent civil society.

The authors describe the infrastructure of Russian medico-geographic research in the book's first section, and its methods and findings in the second. In the third and final section, they present four case studies that show how such research interacted with the practice of medicine in diverse locations around the empire. None of the cases deal with the empire's ethnic Russian core; the focus is, on the contrary, on the spaces that were literally and figuratively on the periphery.

The first case study is from the Western *krai*. The former Polish-Lithuanian lands had their own forms of medical organization as well as close historic ties to lands farther west, and thus formed a contact zone between Russia and Central Europe. The chapter focuses on the Austrian physician Johann Peter Frank, his son Joseph Frank (also a physician), and their student, a doctor named (in Russian transliteration) I. S. Koshtul'skii. In 1804, Vilna University, which was far wealthier than other Russian universities because of funding it received from Catholic religious institutions, recruited Frank and his son. The Franks became influential medical professors, and Joseph Frank also conducted studies of Vilna and its surroundings. Some of these studies helped to construct a specific medico-geographic understanding of the region: for example, Frank lumped all the region's inhabitants together as "Lithuanians" but also developed theories about the pathologies of specific local ethnicities, especially Jews and Poles.

As for Dr. Koshtul'skii, he is the subject of a lengthy narrative about his treatment of two children of a prominent family who suffered from scarlet fever. The doctor tried the standard remedies, the children's mother used remedies of her own, the children finally died, and the doctor found himself embroiled in a bitter dispute involving the family, his medical colleagues, and local officials. The connection with medical geography seems a bit tenuous, but as a microhistory about medicine and society, the story is fascinating.

After Lithuania, the remaining three case studies come from the outer edges of the empire. First, the Kazakh steppe. Why, the book asks, were there so few medical studies of this region? One reason is that the Russian presence was mostly limited to military forces, and the reports from the few doctors who accompanied the troops were not made public and thus did not enter the wider scholarly discussion. However, doctors also had trouble making sense of the steppe climate. European and Russian medicine deemed all "hot climate" zones (such as the tropics or the Black and Caspian Sea regions) to be pathogenic, yet when army doctors began studying the steppe in the nineteenth century, they found the dry, windy climate conducive to good health. Owing to this combination of infra-

structural and intellectual factors, the medical geography of the Kazakh steppe remained little studied, and the Russian army had difficulty developing appropriate policies for safeguarding the health of its soldiers.

Next, we learn about medicine aboard the ships of the imperial navy. In the context of West European empires, scholars have studied the nexus of naval, tropical, and colonial medicine and its influence on health care in the metropole, but the link between empire and naval medicine in Russia remains under-researched because Russia is mostly treated as a continental empire. In fact, though, a specialized literature by naval physicians already existed in Russia in the eighteenth century and flourished after the Crimean War. This literature identified three important spatial concerns. One was the marine environment itself, with its dangerous wind and dampness. Another was the interior of ships, which harbored dangers similar to those of other dank spaces, such as prisons, hospitals, and churches, and where the advent of steam power created further hazards by spreading heat and fumes. Lastly, there were the distant regions that Russian ships visited on their voyages, and which naval doctors tried to classify according to their degree of wholesomeness.

One particular instance of shipboard medicine forms the subject of the book's final chapter: the reciprocal influence between Arctic seafaring and ideas about scurvy. Scurvy took a terrible toll on mariners in the Arctic, especially if they had to pause their journeys during the long, frozen winters, but this did not prompt aggressive countermeasures, such as those taken against plague outbreaks in southern regions. Scurvy was, of course, less dramatic and lethal than plague, and the northern seas were regarded as only a minor area of Russian operations. Also, scurvy was poorly understood; it was thought to be caused by some combination of malnutrition, poor hygiene, lack of exercise, and cold, damp environmental conditions. Lastly, European medico-geographic thinking lacked a clear sense of the Arctic as a geographic space and presumed cold climates to be a priori wholesome; hence the cold of the Arctic was not a clearly defined danger like the heat of the tropics. For these reasons, even though mariners in the Arctic suffered bitterly from scurvy, their experience did little to advance a scientific understanding of the disease.

On this note, somewhat abruptly, the book ends. The authors open the book with an introduction that describes the historiography and explains the subject's significance; having reached the end, the reader wishes for a conclusion to draw together all the interesting ideas and materials that the authors have presented.

We can try, though, to draw some conclusions of our own. The book amply kept its promise to integrate Russia into the history of European ideas and empires, and to explore "contact zones" where the representatives of the imperial center "interacted with local cultures" and "created new ways of knowing and imagining the empire"¹¹. The authors took us to spaces from the Arctic ice to the Kazakh steppe, the Volga delta, and the high seas. We observed the encounters of officials, professors, soldiers, mariners, and other agents of empire with cultures as diverse as Poles and Jews, Tatars and Samoyeds. We examined the empire from the vantage point of top officials and lowly country doctors, and saw how many forms imperial society could take, including bureaucratic and military chains of command, isolated frontier garrisons and ships' crews, encounters among European ethnicities or between European and Asian peoples, and the nascent civil society of the urban professional classes. We saw places where the ideas of medical geography offered useful

¹¹ *Istoriia meditsiny i meditsinskoi geografii v Rossiiskoi imperii*. P. 14.

guidance to administrators and physicians, such as Lithuania and Astrakhan, and places where they didn't, such as the Kazakh steppe and the Arctic.

What do all these snapshots of Russia's imperial experience add up to? In recent years, historians have offered a variety of general theories about Russia's nature as an empire — for example, that it was a pluralistic “empire of difference”, or, on the contrary, a “unitary state”, or a regime based on “internal colonization”¹². Vishlenkova, Renner, and their collaborators don't explicitly present a synthesis along these lines. They do, however, see the practice of empire in Russia as framed by certain fundamental realities. Russia was a European empire, and as such, it was strongly influenced by ideas and personnel from the West. However, its continental and northern location made it different from the maritime and tropical empires of Western Europe, with the result that Western ideas about medical geography — and, presumably, other aspects of empire — were not always applicable to Russian realities. Lastly, the empire in everyday life was sustained by the ongoing interaction among three types of actors: the central authorities, which always demanded more than their subordinates could deliver; imperial agents in the provinces (such as physicians), who were links in a chain of command but also sought to become an autonomous civil society; and rank-and-file subjects, be they Lithuanian Jews, Kazakh nomads, or Russian soldiers or sailors. In the myriad continual interactions among all these groups and institutions lay the essence of the empire.

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¹² Kollmann N. S. The Russian Empire, 1450–1801. Oxford, 2017. P. 6; LeDonne J. P. Forging a Unitary State: Russia's Management of the Eurasian Space, 1650–1850. Toronto, 2020. P. 4; Etkind A. Internal Colonization: Russia's Imperial Experience. Cambridge, 2011. P. 5–6.

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